CONTROLLED DOCUMENT - NOT FOR DUPLICATION

BUTTE COUNTY SHERIFFS OFFICE

WHER/A

5 C LLICK WAY OROVILLE, CA 95965 530-55. /321 NARRATIVE Page 1

19-01645

Source/Probable Cause:

On March 6, 2019 from the hours of 1900 - 0700, I was working as a Butte County Correctional Deputy in full duty uniform assigned to Delta Floor. On March 7, 2019 at approximately 0250 hours, Delta Control Correctional Deputy E. Perez announced there was a physical altercation taking place in the G-Pod Housing Unit.

Arrival/Investigation:

Sergeant J. Behlke, and Correctional Deputies J. Castillon, J. Dawson, M. Smith, A. Moreland, C. Walberg, P. Klotz, and I responded to G-Pod. Upon arrival, I observed (VIC) Stilwell, Joseph (DOB: 07-07-84) laying prone on the ground in the lower tier restroom area bleeding from his arms and facial area. Stilwell spontaneously stated that the suspect had tried to bite him on the face. I observed (VIC) Beaver, Clarence (DOB: 02-25-71) sitting upon the upper rack of bunk 11 holding a sheet on his face which appeared to be bleeding. Beaver spontaneously stated that the suspect had assaulted him while he was sleeping. I observed (SUS) Hernandez, Antonio (DOB: 01-16-91) laying prone on the floor in the lower tier bed area between bunks 12 and 13. Hernandez was breathing heavily and had blood on his arms and hands indicating that he was a part of the altercation. Deputy Klotz placed mechanical restraints (double locked) on Hernandez.

At approximately 0300 hours, Deputy Klotz and I escorted and placed Hernandez into the Charlie Floor Interview Room. I asked Hernandez if he required any medical attention. Hernandez refused medical attention. Deputy Moreland took photographs of Hernandez.

At 0300 hours, Registered Nurse B. Lawrence and Licensed Vocational Nurse D. Shoemaker medically assessed Stilwell and Beaver for their injuries. Due to the extent of the injuries, RN Lawrence made the decision to send both victims to Oroville Hospital for medical treatment and clearance.

At 0320 hours, Deputies Klotz and Castillon took Stilwell and Beaver to Oroville Hospital. Prior to leaving for Oroville Hospital, Deputy Moreland took photographs of the injuries sustained on both Stilwell and Beaver.

At approximately 0430 hours, I read Hernandez his Miranda Rights from my county issued officer's notebook. Hernandez stated he understood his rights and elected not to speak to me. No further questions were asked.

I reviewed the video surveillance of the G-Pod housing unit during the time of the altercation. At approximately 0250 hours,

Hernandez walked from his bunk 20 to the shower area. Hernandez took the broom stick off the broom head and walked with the broom head back to his bunk. Hernandez walked from his bunk to bunk 11 with the broom head in his hand (Due to the staircase, the camera view of Bunk 11 was completely obstructed and did not show what form of assault happened at bunk 11).

Stilwell got off his top bunk 17 and went to bunk 11. Hernandez and Stilwell appeared from the obstructed view and can be seen involved in a physical altercation with each other. Stilwell and

Prepared By:	Date:	Approved	By:	Date:
42747 YEE, ELVIS	03/08/2019	39701	BEHLKE, JASON	03/08/2019
☑ BODY CAMERA RECORDED		32701	<i>BB11E112</i> , 3710011	03/06/2017

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BUTTE COUNTY SHERIFFS OFFICE

5 G. LICK WAY OROVILLE, CA 95965 530-53. /321 NARRATIVE Page 2

19-01645

Hernandez grabbed each other and while interlocked, Hernandez struck Stilwell one time in the facial area with a closed right hand. Stilwell and Hernandez continued the altercation which moved between bunks 12 and 13 where the camera view again became obstructed. No other strikes could be seen.

Deputy P. Klotz retrieved a written statement from Stilwell after being advised of his Miranda Rights of what occurred while at the hospital. The statement read,

I was in my bunk reading my bible when inmate Antonio Hernandez walked up on my left side towards Clarence Beavers rack and struck him in the head with the broom end. I jumped off my rack to stop Mr. Hernandez from doing further damage to Mr. Beaver and Mr. Hernandez struck me in the head and then tried and partially succeeded to bite my face but the bite was not serious. I took Mr. Hernandez to the ground and our combined body weight fractured my left knee. I have received 7 staples to my forehead and am going to need surgery on my knee.

Deputy Klotz asked Stilwell if he wanted to press charges against Hernandez. Stilwell said yes.

On March 7, 2019 at approximately 2350 hours, I had Beaver provide me a written statement after Deputy Castillon advised him of his Miranda Rights of what occurred. The statement read,

On 03-07-19. My name is Clarence Beaver I was woke up to a gentleman named Antonio bashing me in the face which I am told was a broom handle. After a couple of hits I began to rise I see Stilwell grab him or attempting to. Asking other guys to help him get him he took one to the head, he yelled the guy is biting him. I was still in and out wondering what was happening. Blood immediately start pouring from my eye and mouth. The lights come on I see Stilwell has the guy locked. The sheriffs come in and apprehend the guy. Escort us to the hospital.

I asked Beaver if he wanted to press charges against Hernandez. Beaver said yes.

Evidence:

1 DVD of photographs taken from Hernandez, Stilwell, Beaver and video surveillance from the G-Pod Housing Unit during the time of the incident.

Injuries:

(VIC) Beaver suffered a left facial fracture and left leg hematoma as diagnosed by the Oroville hospital Emergency Room.

(VIC) Stilwell suffered a possible left knee fracture and an approximate 5 inch laceration to his upper right forehead area.

(SUS) Hernandez did not appear to suffer any injuries and did not complain of any pain from the altercation.

Prepared By: 42747 YEE, ELVIS	Date:	Approved By:	Date:
BODY CAMERA RECORDED	03/08/2019	39701 BEHLKE, JASON	03/08/2019

CONTROLLED DOCTORENT - NOT TOR DUPLICATION

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BUTTE COUNTY SHERIFFS OFFICE

OROVILLE, CA 95965 530-53. ,321 NARRATIVE Page 3

S	c	e	n	e	٠

G-Pod Male Housing Unit, Butte County Jail, Oroville, CA.

5 GILLICK WAY

Recommendations:

Forward to District Attorney for prosecution.

Case Status:

Open, Active

CONTROLLED DOCUMENT - NOT FOR DUPLICATION

 Prepared By:
 Date:
 Approved By:
 Date:

 42747 YEE, ELVIS
 03/08/2019
 39701 BEHLKE, JASON
 03/08/2019

 ☑ BODY CAMERA RECORDED
 39701 BEHLKE, JASON
 03/08/2019

CLASSIFICATION HOUSING ASSIGNMENT

NAME HEP-NANCEZ ANTHONY RAY IID# 144/4/

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PC WAIVER: YES / NO

CLASSIFICATION HOUSING ASSIGNMENT

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CLASSIFICATION HOUSING ASSIGNMENT

NAME Hernesseles, Antonia Juan mr. 144141

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BUTTE COUNTY SHERIFF OFFICE

INTER-DEPARTMENT MEMORANDUM
TO: Classification
PROM: Hernanders, Antonio Juan 144141
SUBJECT: Refusal or Removal from Protective Custody
DATE: 2/28/09
1: A I refuse Protective Custody status. I understand my classification would place me in Protective Custody due to current or past charges or because of circumstance beyond my control.
2: 1 The request to be housed in general population.
3: Att I acknowledge that Classification has informed me of possible problems or conflicts with other immates due to my charges or my situation.
4: All I heroby accept full responsibility and liability if I am injured or otherwise harmed because of this decision.
5: ALL I also understand that I may request Protective Custody status at anytime in the lattere.
: All I have read, understand, and conour with the above statements.
leason for need for Proteotive Custody: 138 ACED Church Cruchty Pross Injury 1 Death arrest 3139 105 - no conv. Info
Autouto Hernandes dampleal matole Signaturo TN + an is TO + an is

ATES NAME: HERNANDEZ, ANTONIO IID#_	144141
HOUSING ASSIGNMENT: OLD: Q3 NEW: A83	
REASON FOR REASSESSMENT:	
1. 30 Day Review with no write ups	
2. Single cell review / 72 hour Ad-Seg Review	
3. Three or more disciplinary findings within 30 days	
4. Population Management Program	
5. Medical / Suicide Watch	
6. Facility Security / Inmate Safety	
7. Disciplinary Isolation: Start: End:	
8. Inmate Moved to Proper Class	
9. 1203 Placement / Return	
10. Hospital or Mental Health admittance / Return	
11. ACS/SWAP Roll-Up	
FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM	MAXIMUM
REMARKS:	
CLASSIEICATION OFFICER	DATE 14 10 °
CLASSIFICATION OFFICER:	_date: <u>4/27</u> _date: <u>4/27</u>
REVIEWING OFFICER:	DATE: <u>_77_07</u>

MATES NAME: HERNANDEZ, ANTONIO IID# 144141
HOUSING ASSIGNMENT: OLD: 1 NEW: 0.3
REASON FOR REASSESSMENT:
1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: End:
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up
FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM
REMARKS: SPIT ON STAFF, WOULD NOT CUFF UP.
CLASSIFICATION OFFICER: DATE: 4/24/19
REVIEWING OFFICER: DATE: 4/34/16

ATES	NAME: Horrandez, Antonia IID# 144141
НΟ	using assignment: old: 62013 New: 483
	ASON FOR REASSESSMENT:
	1. 30 Day Review with no write ups
	2. Single cell review / 72 hour Ad-Seg Review
	3. Three or more disciplinary findings within 30 days
1	4. Population Management Program
	5. Medical / Suicide Watch
	6. Facility Security / Inmate Safety
	7. Disciplinary Isolation: Start: End:
	8. Inmate Moved to Proper Class
	9. 1203 Placement / Return
	10. Hospital or Mental Health admittance / Return
	11. ACS/SWAP Roll-Up
	AL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM MARKS: PMP- D-CD FV //
CLA	ASSIFICATION OFFICER:DATE: 3/1/
REV	VIEWING OFFICER:DATE:DATE:

MATES NAME: Hernandez, Antonio IID# 144141
HOUSING ASSIGNMENT: OLD: 1513 NEW: 62013
REASON FOR REASSESSMENT:
1. 30 Day Review with no write ups
2. Single cell review / 72 hour Ad-Seg Review
3. Three or more disciplinary findings within 30 days
4. Population Management Program
5. Medical / Suicide Watch
6. Facility Security / Inmate Safety
7. Disciplinary Isolation: Start: End:
8. Inmate Moved to Proper Class
9. 1203 Placement / Return
10. Hospital or Mental Health admittance / Return
11. ACS/SWAP Roll-Up
FINAL LEVEL OF CUSTODY RATING: MINIMUM MEDIUM MAXIMUM REMARKS:
CLASSIFICATION OFFICER: DATE: 2/03/11
REVIEWING OFFICER: Many DATE: 2/76/19

IATES NAME:	HOW ANDEZ,	AN TOURS	IID#	144141
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10. Hospita	al or Mental Health	admittance / Return	ı	
11. ACS/S	WAP Roll-Up			
FINAL LEVEL O	F CUSTODY RATI	ING: MINIMUM	MEDIUM	MAXIMUM
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IATES NAME:	HERNAMOEZ,	व्याज परि	IID#_	144141
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5. Medica	Suicide Watch			
6. Facility	Security / Inmate S	Safety		
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11. ACS/SV	WAP Roll-Up			
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INITIA CUSTODY ASSESSMENT SC. LE

Inmate Name: HERNA	4 ,530 W	014074			ID#	144141
1. Severity of Current Charge:	Charge: 7	73.5(A)	0	2 (5)	7	Score: 5
2. Serious Offense History:	Charge:	32 / RD	0	2 5	7	Score: Z
3. Escape History: PC4530(a), 4530(b), 4532(b), WI 871, 1768.7	Charge:		<u>(6)</u>	3	7	Score:
4. Disciplinary History:			TOTAL ious Write-I Iore Write-I	-	1-3:	Score: O
5. Prior Felony Convictions (Nor	1 Current)			one: 0 One: 2 ore: 4		Score: Z
6. Alcohol and/or Drug Abuse:			One to F Six or Mo	ore: 3		Score:
7. Stability Factors: Employed, Li	Retired, School (6 Months Prio	age 26 or Old or to the Arr	est: 🏋	-6:	Score:
OVERRIDE: YES	NO		TOTAL	L ITEMS 1	-7:	1
REASON:		Regions	Plc Ho	. 248c	ea sp	
AND Slowes	WAW OR.					
FINAL CUSTODY RATING: (Circle)	MINIMUM	MI	EDIUM		MAX	IMUM
DNA IN XJAIL GANG LIST UPDATED HOLDS/ICE ENEMIES PC WAIVER SIGNED ALL FORMS SIGNED	: YES NO : YES NO : YES NO : YES NO					
PRIMARY ČLASSIFICA	TION OFFICE	R: ///	1 Juny	7/9	DATE:	2/6/19
SECONDARY CLASSIFICA	ATION REVIEW	v: <u> </u>	14		DATE 2	16/19

Classification Questionnaire
Last Name: An + Ch) First Name: Row on Initial:
Any other name(s) you have been known by:
Street Address: City: State:
How long have you lived at the above address?
Are you right handed or left handed?
What is your sexual preference? (Men, Women, Both)
What is your religious preference?
What is your race or national origin?
If you are a Foreign National have you contacted a consular or embassy official?
If no, would you like one contacted? Time/Date Contacted:
Officer's name and Employee # that made contact:
Do you have facial hair? (Goatee, Mustache, Beard)
List all of your tattoos if any (what they are/where they are)
(SAW)
List any scars you may have
Do you have any amputations or prosthetics?
Employer's name and address:
How long have you worked for above employer? (Years/Months)
How many days a week do you work there?

Where did you go to high school? (School name/City/State)
Did you graduate from High School? If no highest grade completed (If yes do not fill out Special Education Questionnaire)
Were you in any special classes in school? Did you have an IEP (Individual Education Plan)? (If inmate answers yes to either of these questions, and is 18-21 years of age proceed to Special Education questionnaire.)
Where did you go to college? Are you currently enrolled in school? If yes, Where?
Are you currently enrolled in school? If yes, Where?
How long have you been attending school?
Are you on probation or parole? Who is your P.O.?
Did you serve in the US Military or are you a widow/widower of a Veteran
Type of discharge. (Circle One) Honorable/ Other
Would you like to speak with a Veterans Service Representative?
What other county jails have you been in?
What state prisons have you been in?
Have you ever been in Protective Custody?
Why were you placed there? (Charges/Enemies/Informant)
Have you ever escaped from custody? If yes, where/when?
Have you ever been written up for rule violations?
Have you ever been assaulted in custody?
you have any medical or mental disorders? If yes, what are they? MOOD SWINGS
Do you have any current injuries? What?
Do you have private health insurance? Name of company?

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Have you ever attempted suicide? If so, when?
Do you feel like killing yourself now? (no) would like to speak with mental heal
Do you drink alcohol? How much do you drink in a week?
Do you use street drugs What type of drugs do you use?
How do you use it? (Smoke/Snort/Intravenously)
Who can we contact in case of an emergency? (Name/Address/Phone)
Do you have any enemies or anyone you cannot be housed with?
Have you ever been a victim of gang violence? If yes, when?
Are you a gang member? Have you ever been a gang member?
What is the name of your gang?
What do the members of your gang call you?
What city did your gang originate in?
What turf does your gang claim?
Who is your biggest rival gang?
Does your gang have any special color or clothing?
How many men are in your gang? Women?
Classification Officer's Comments: Coop / Nocise
CLASSIFICATION OFFICER: To the lund Date: 2/6/19

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

TO: Jarrod Agurkis, Operations Lieutenant

FROM: Jason Behlke, Correctional Sergeant

SUBJECT: Hernandez, Antonio IID#144141 Involuntary Medication

DATE: 09-30-19

On 09/30/19 at approximately 1815 hours, LVN J. Hemstalk advised staff that inmate Hernandez, Antonio IID#144141 would need to have involuntary medication administered to him per medical directive.

Deputies J. Dawson, C. Walberg, M. Smith, C. Martin and K. Dunn assisted LVN J. Hemstalk with this procedure. Hernandez was instructed to lay face down on his bunk so the medication could be administered. Hernandez followed all instructions given by staff with little to no resistance. The above mentioned staff entered the cell, administered the medication via injection and exited without incident.

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

TO:

J. Agurkis, Correctional Lieutenant

FROM:

D. Mell, Correctional Sergeant

SUBJECT: Clothing and Mattress Review: Hernandez, Antonio IID#

144141

DATE: 5-14-19

On May 11, 2019 inmate Hernandez, Antonio IID# 144141 was provided a mattress.

On May 12, 2019 Hernandez destroyed the mattress and utilized it to clog the toilet flooding A-Pod.

On May 14, 2019 I spoke with Hernandez regarding his review. Hernandez denied flooding the pod with the destroyed mattress and agreed that he would not destroy any more clothing or bedding. Due to Hernandez falsely representing the truth and his recent destruction of county issued items I am keeping him on clothing and mattress review. Hernandez's status will be reviewed every 24 hours during dayshift.



Butte County Sheriff's Office Jail Division

Inter-Office Memorandum

Date:

5/7/2019

To:

J. Agurkis, Operations Lieutenant

From:

T. Leonard, OIC

Subject:

Inmate Hernandez, Antonio IID#144141 Mattress Review

On 5/7/2019 attempts were made throughout the day for communicate with Inmate Hernandez, Antonio IID#144141 regarding whether he would destroy a mattress if one were to be issued to him. Hernandez would not respond to Deputies questions.

Hernandez was not issued a new mattress. Hernandez will continue mattress review, this status will be evaluated every 24 hours.

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

DATE:

November 12, 2019

TO:

Classification

FROM:

Correctional Lieutenant B. Meyer

SUBJECT: Removal of Antonio Hernandez (IID# 144141) from 2 Officer

Move

I am removing Antonio Hernandez (IID# 144141) from 2 Officer Move.

Hernandez has shown improvement in his behavior, hasn't had a write up in 50 days, and has been compliant with taking his medication while on the Jail Based Competency Treatment program.

Case 2:20-cv-00279-WBS-DB Document 38-1 Filed 04/04/22 Page 24 of 120 CASE # 191027096 BUTTE COUNTY SHERIF S OFFICE MMA. IT DISERIOUS DISCIPLINARY ACTION R PORT ☐ MINOR HERVANDEZ, ANTENIO INMATE NAME: INMATE ID# 144141 (Last) (First) Date/Time of Incident: 10/23/19 @ 1305 Date/Time Informed of Charges: 10/73/19 @ /60 Time Waived: PYes DNo Inmate's Initials: Date/Time of Hearing: Inmate Waives Presence: Yes KNo Inmate's Initials: HEARING FINDING Yes Inmate present a Not Responsible Inmate advised of charges 4 Responsible - Admitted 図 Inmate submit documentary evidence П D Responsible - Determined by Evidence Inmate witnesses present Z Inmate statement in own behalf or extenuating circumstances: (Attached additional pages if necessary) Inmate's Signature: __ Hearing Officer's Signature: A REVIEW OF INMATE FILE Projected release date: # Number of previous affirmed violations: SERIOUS ____ ____ MINOR _ RECOMMENDED PENALTY ☐ DISCIPLINARY ISOLATION (Maximum 10 days unless new violation) FROM _____TO ☐ DISCIPLINARY DIET (See Title 15 · Section 1083g) FROM _____TO____ ☐ LOSS OF GOOD TIME (Barned and/or future) NUMBER OF DAYS _____ ☐ LOSS OF WORK TIME (Work related violation - Earned cannot be taken) NUMBER OF DAYS _____ ☐ LOSS OF COMMISSARY (Excludes personal hygiene - Legal material) FROM _____TO ☐ LOSS OF TELEPHONE (Excludes legal calls) FROM _____TO___ ☐ LOSS OF RECREATION YARD FROM _____TO___ ☐ LOSS OF VISITS (Excludes legal visits) FROM _____TO___ ☐ REMOVAL FROM WORKER STATUS ☐ RESTRICTION TO CELL/DORMITORYТО FROM _ ☐ WORK CONTRACT NUMBER OF HOURS _____ M VERBAL COUNSELING - WARNING - REPRIMAND COMMENTS: MASK FLALAGE FAILURE TO FILLIN SAFETT + SAN, MATIN REGULATIONS Inmate's Signature: _____ Appeal: \[Yes \] No Disciplinary Officer's Signature: LNIUS 10/30/ Reviewer's (Lt/ASH) Signature: 1441 _____Date/Time: ☐ AFFIRMED ☐ REDUCED (Reason):

☐ DISMISSED (Reason):

DISTRIBUTION: WHITE - Inmate File; CANARY - Classification; PINK - Inmate

J-110 09/25/96

Case 2:20-cv-00279-WBS-DB Document 38-1 Filed 04/04/22 Page 25 of 120

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BUTTE COUNTY SHERIL SOF		E		CASE#	directions and in the second s
DISCIPLINARY ACTION L. POR	T			□ SERIOUS	□ MINOR
INMATENAME: Hemandez		An	00.0	INMATE ID#	144141
(Last)	ka da Alifa Marinda ang marinda	lich all der stade i heeld hin heldige digestatige geve	(First)	A 1 1 1 2 2 K B B B B B B B B B B B B B B B B B	moon house of armon fluid for a value of a garage
Date/Time of Incident: 0923-19	50		4.100 (14) 14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14) 14(14)	ander septiment former of America - Septiment and a final security restricts to a second section of the security security and the security	. (1)
Date/Time Informed of Charges: 09:23:19		CID.	Time Waived: МУеs П	No Inmate's Initi:	11s. ES
Date/Time of Hearing: 04.28.79 1340	lnn?	nate Wa	ives Presence: ☐ Yes ☐	No Inmate's Initia	als: Ray
HEARING	**************************************	increase via ember incorrect executa		popular deli reprosioni sipulata dagga kanga prosidenta di antonomia di Anno, Anno andre di Anno, Anno andre d	
· ·	Yes	No		INDING	(re-eq
Inmate present Inmate advised of charges	Š		Not Responsible Responsible - Admitted	ſ	П
Inmate submit documentary evidence		图			M-
Inmate witnesses present		1	Responsible - Determin	The structure	Lä
Inmate statement in own behalf or extenuation	- Constitution	cumstai	3CCS: (Attached additional pages if	necessary)	
			in a post (i manufactural pagas in	11000000 y management and a construction	1027-0237 -
	the Park of the Annie of the An	Principal Managery Company	According to the property and the property of		
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AND COMMENT OF THE PROPERTY OF	Miles and surprise property and	en van souden far en enfansk distante na	notes demonstrates bronoclassica INIGA sunnamentalismo, reminer despitaçõe, principario describindo constituição que executor de		PMSSS nashhat bisatakin ilimismosan nashron sakranan nagryada
Inmate's Signature: Rad		n et el punispersoni sissembles de la	UONAAN NAMIN MAMAAAAAAAAAAAAAAAAAAAAAAAAAA		
Hearing Officer's Signature:	Province and a second con-	· Of what ship conducts a stripe of	SURAGE EN DE BOTTESTAM OS SOS TOTOS TOTOS ESTA ESTA EN ESTA EN LA CONTROL DE LA CONTRO		
REVIEW OF INMATE FILE	************************	and the state of t		ennen der der eine Bereich auf Gestelle der Verst Kreigen eine Arte vollen. Vollen aus der eine der eine der e	
/) -				1	
Projected release date:	 	**	OB MANA	5	
Number of previous affirmed violations: SE	RIOU	JS	Q MINOR \mathcal{G}	See Sur-Surviva Co. S. garagement See.	
RECOMMENDED PENALTY	ATTORING PRODUCTION			Make a transfer of the second	бей с установий пости и обите! Сейт сточного по сти но на Воловий из устанува ния
☐ DISCIPLINARY ISOLATION (Maximum 1	O dave u	nlaga nami i	deletion) EDOM	TO	
☐ DISCIPLINARY DIET (See Title 15 - Section 10		niess new v	FROM		TOTAL (1) 4 (1) 1 A COOK 1 1 A COOK 1 A
☐ LOSS OF GOOD TIME (Barned and/or future)	(136)			OF DAYS	
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☐ RESTRICTION TO CELL/DORMITORY	(
☐ WORK CONTRACT				F HOURS	int - 1750-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
COMMENTS: Sections Distribution	REPI	RIMAD	D,		
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Inmate's Signature: Disciplinary Officer's Signature:	$\overline{}$	No	701	Appeal:	Yes □ No
THE PROPERTY OF THE PROPERTY O	SORRE BY THE CANADA				
Reviewer's (Lt/ASH) Signature: 744	and anything of the following	Nadolenienie proposition and mande	Da.	te/Time:	16. г. 2 подосно и оченичности и почетория оченичности од оченичн
□ AFFIRMED					
☐ REDUCED (Reason):					
Sold Transaction of the state o	-chowdrowed to the con-	standary incorporations.	on year order - appropriate y tale elegational distribution values and an appropriate propriate programme transport		oct on an interest of the trigonistic superior specific colors.
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☐ DISMISSED (Reason):					
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BUTT COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

Page 1 of 1

REPORT INFORMATION	N-			
INFORMATION		F-1		
	OFFICER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER
VIOLATION TYPE:	MAJOR	SERIOUS	MINOR	
VIOLATION ENTERED INT	O OFFENDERTRAK:	YES NO		
CASE #:	EVI	ENT #: 1909230076	DISPOSITION:	JSROT
INMATE INFORMATION	<u>v:</u>			
NAME (Last, First):		***************************************	HOUSING LOCATION:	
Hernandez, Antonio	BKG #:		BEFORE: A83	AFTER: A83
144141			OTA740.	
VICTIM / WITNESS INFO	ORMATION:			
NAME(S) & HOUSING LOCATIONS:	NE			
Correctional Deputies	oingley, Hawk, We	per, Rykaart, Willadse	n, and Ramirez	
INCIDENT INFORMATION	DN:			
incident / violation #: 22.14. Disruptive condu	ıct		ş	OXIMATE TIME:
25.1. Willful destruction		DATE: 09-23-2019	093	0 hrs.
property.	_		king in full duty uniform	
At approximate A Pod Housing Unit. W phones by smashing th orders to lock down, he to lock down. Correction	ly 0930 hours Inmobile out for his allowed phone against the did not comply. Onal Deputies Sing door. As corrections	ate Hernandez, Anton otted dayroom time he ne mounted phone bo Correctional staff was ley, Hawk, Weber, Ryl	led to work as the Charlie to (144141) was out in the attempted to break one c. I gave Inmate Hernand notified of Inmate Herna caart, Willadsen, and Ran A Pod Housing Unit, Inm	e dayroom area of the of the dayroom lez multiple verbal ndez's unwillingness
Bayoneta 67 Disp. JSROT Event #: 1909230076				
TELOF D. COLUMN TO THE COLUMN				
FFICER SIGNATURE			BADGE #	
MATE SIGNATURE		"I have received a copy of thi	s report." DATE AND	TIME
ECEIVED BY SUPERVISOR			DATE AND	ГІМЕ
ECEIVED BY DISCIPLINARY O	FFICER		DATE AND	ГІМЕ
ARING DATE AND TIME			INMATE NO	TIFIED DATE AND TIME



BUTT COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

Page of

REPORT INFORMATION:						
INFORMATION OFFICER SAFETY	INMATE SAFETY	П	()			
VIOLATION TYPE: MAJOR		FACILITY SECURITY	OTHER			
VIOLATION ENTERED INTO OFFENDERTRAK:	SERIOUS NO	MINOR				
	EVENT #: 19-05-06-0072	DISPOSITION:	INJOINI			
	LVENT #. 13-03-00-0072	DISPOSITION:	JIMOIM			
INMATE INFORMATION:						
NAME (Last, First): Hernandez, Antoino		HOUSING LOCATION: BEFORE: A83	AFTER:			
IID#: ВКС #:		STATUS:	AFIER:			
VICTIM / WITNESS INFORMATION: NAME(S) & HOUSING LOCATIONS:						
NAME(5) & HOUSING LOCATIONS:						
INCIDENT INFORMATION:						
INCIDENT / VIOLATION #:	DATE:	APP	ROXIMATE TIME:			
NARRATIVE: On 05-06-2019 I, Correctional De	05-06-2019	11:	20 hrs.			
the hours of 0700-1900 in full duty unifo	rm.	signed as the west rac	inty Roving Deputy from			
At approximately 1120 hours I was distributing afternoon meal service in the A pod Housing Unit as I approached cell A83 which currently houses inmate Hernandez, Antoino IID: 144141, as the sole occupant, I looked into the cell and observed that Hernandez had ripped his mattress into multiple pieces. I observed further that Hernandez had smeared fecal matter on the walls of the cell and had filled his toiled with torn mattress pieces. At approximately 1121 hours I approached cell A85, which currently houses inmate Perrelli, Kai IID: 175333 as the sole occupant, I looked into his cell and observed food, trash and soiled clothes on the floor and in the toilet. After making these observations I alerted OIC T. Leonard to the conditions of these individuals' cells, and						
recommended that they be placed on ciccleaned. This task was completed and be	othing and mattress review	w. OIC Leonard agreed	and ordered the cells			
End of Report R. Adamson DISPO: JMSIN EVENT # 19-05-06-0072						
OFFICER SIGNATURE		BADGE #				
INMATE SIGNATURE	"I have received a copy of this	report." DATE AND 1	ГІМЕ			
RECEIVED BY SUPERVISOR		DATE AND 1	TIME			
RECEIVED BY DISCIPLINARY OFFICER		DATE AND 1	IME			



Date:

5/6/2019

To:

J. Agurkis, Operations Lieutenant

From:

T. Leonard, OIC

Subject:

Inmate Hernandez, Antonio IID#144141 Mattress Review

On 5/6/2019 at approximately 1200 hours I was advised during the cleaning of cell A83, currently occupied by Inmate Hernandez, Antonio IID#144141, the mattress had been destroyed. Pieces of the mattress had been shoved into the toilet.

The cell was cleaned and Hernandez was not issued a new mattress. Hernandez has been placed on mattress review. This status will be evaluated every 24 hours.



BUTTE COUNTY SHERIFF'S (FICE CORRECTIONS DIVISION INCIDENT REPORT

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REPORT INFORMATION	<u>:</u>						
INFORMATION	OFFICER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER			
VIOLATION TYPE:	MAJOR	SERIOUS	MINOR				
VIOLATION ENTERED INTO	OFFENDERTRAK:	YES NO					
CASE #:	EVE	ENT #: 1907300129	DISPOSITION: J	HUS			
INMATE INFORMATION:							
NAME (Last, First): Hernandez, Antonio Jua			HOUSING LOCATION:				
IID#:	BKG#:		BEFORE: A83/1 STATUS:	AFTER: A83/1			
144141	19001211	1	PRE-SENTENCED				
VICTIM / WITNESS INFO	RMATION:						
NAME(S) & HOUSING LOCATIONS: Sgt Behlke & CD's Stock	well, Walberg, & F	Clotz					
INCIDENT INFORMATION	<u>√1:</u>						
incident / violation #:		DATE: 7/30/2019	APPRO 1000	XIMATE TIME:			
NARRATIVE: On July 30, 2019	, at approximately	0750 hrs, after conduc	ting his supervisor check				
me to clean cell A83, bel	onging to inmate l	Hernandez, Antonio #1	44141.				
At approximately 1000, I	assisted Correction	onal Deputy Klotz with	applying waist and leg res	traints, then escorted			
inmate Hernandez out of	his cell. I then too	ok the inmate workers t	rom E-Pod to conduct the	cleaning of cell A83.			
			ınknown substance in his				
			Eastman to a sink to wash	his eye out and he			
then returned to the cleaning detail without an further complaint of discomfort.							
			id Hernandez was placed i	pack into his cell.			
Inmate Hernandez was compliant through the entire detail.							
Approximately a half an i was cleared for continue		ine was on Charlie Floo	or and observed Eastman'	s right eye. Eastman			
was cleared for continue	u nousing.						
J68 Panuke JHUS							
1907300129							
OFFICER SIGNATURE			BADGE #				
INMATE SIGNATURE		_ "I have received a copy of this	report." DATE AND TIME	WE			
Man (12 didity), dit			DATE AND TH	<i>11</i> La			
RECEIVED BY SUPERVISOR			DATE AND TIM	ЛЕ			
RECEIVED BY DISCIPLINARY C	FFICER		DATE AND TIN	ΛE			



BUTTE COUNTY SHERIFF'S OFFICE

INTER-DEPARTMENTAL MEMORANDUM

TO: J. Agurkis, Correctional Lieutenant

FROM: D. Brownfield, Correctional Sergeant

SUBJECT: Clothing Review: Hernandez, Antonio IID#144141

DATE: 07-27-19

On 07-25-19 Hernandez was placed on mattress review.

On 07-27-19 I attempted to speak to Hernandez regarding his mattress review. Hernandez refused to speak to me.

Hernandez will continue on mattress review status. This status will be reviewed every 24 hrs.



BUTTE COUNTY SHERIFF'S OFFICE INTER-DEPARTMENTAL MEMORANDUM

TO:

J. Agurkis, Correctional Lieutenant

FROM:

D. Brownfield, Correctional Sergeant

SUBJECT:

Clothing Review: Hernandez, Antonio IID#144141

DATE:

07-26-19

On 07-25-19 Hernandez was placed on mattress review. On 07-26-19 Hernandez refused to speak with me regarding his mattress. Hernandez will remain on mattress review. This status will be reviewed every 24 hrs.

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

TO:

J. Agurkis, Correctional Lieutenant

FROM:

K. Turner, Correctional Sergeant

SUBJECT: Hernandez, Antonio IID 144141-Mattress Review

DATE:

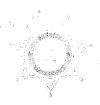
July 25, 2019

At approximately 2250 hours Inmate Hernandez, Antonio IID 144141 was placed on Facility Mattress Review due to using his mattress to cover the window to his cell. His mattress was removed to enable staff to conduct health and wellbeing checks. Hernandez' mattress review status will be conducted every 24 hours during nightshift.

CC: Jones, Jerry, Jail Commander, Under Sheriff Hadley, Robert, Correctional Lieutenant Hovey, Daryl, Correctional Lieutenant

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· ·		A83	The same of the sa		
BUTTE COUNTY SHERIF) O	FFICE		权	CASE#	
DISCIPLINARY ACTION REPO		1	12 Y	☐ SERIOUS	□ MINOR
INMATE NAME: Hernande		Antonic (First)	autorialisti salator socioposticostatates per per qual ta-	INMATE ID#	144141
Date/Time of Incident: 7-13-19 @	55	rational accordings in agrand parameter attempts published the thinked payings	ANY INVESTIGATION OF THE PROPERTY OF THE PROPE		Province Province American Inc. and province Security Control of the Control of Security Secu
Date/Time Informed of Charges: 07/13	119 0540	Time Waive	d: 150 0 es [No Inmate's Initi	ials: REF
Date/Time of Hearing: 07/5//9 054	Q_ Inmate W	aives Presenc	e: 5/19 es [No Inmate's Initi	ials: REF
HEARING			<u></u>	FINDING	initally, transferment processing while we have a process interest more estimates and the contract of the cont
Inmate present	Yes No	Not Respo	nsible		
Inmate advised of charges	□		le - Admitte	d	
Inmate submit documentary evidence		Responsib	le - Determi	ned by Evidence	
Inmate witnesses present		and a state of the	<u> REFORT</u>		
Inmate statement in own behalf or extenu-	ating circumsta	nces: (Attached	additional pages i	f necessary) <u>REPSE</u>	0 00
PARTICIPATE. STATED "FUCK YOU	I DONT WAN			mar av a mag mar malag den en vivig den mar vivid de del da Electro de de de Salado (g) og Elegio (g) (g) (g)	radioremany de la constitución d
				ierosapus er konsta krystarona, afgadjor, krostledydd gdardddynigyd operacialainiae dad amma	
E COLUMN STREET PROPRIET PROPR	garden Abbut Marana bagann den sommer den den den de en er	Mit HART OF AN ANY HARTAND HISTORY OF HARDAN SERVICE SAFERATORY TO HER AND A	Car Maryeri, who determ over enterior care in a 30 majoritor in the		resident i hann mingelentering ersekter ersekter hann handdelde stekker kristering er en en en en en en en en
Inmate's Signature: REFUSED	h had a shawar yida mga mandada minaya walida binadi ger salida landi a harrif (sama abay	menter met gredd neumaende magethera geer de pl. de tit bleed aan ee en se person	entroniës tropikalis ette enviseet din residente vold rigeria ging – z indin	e man similarina sida like kata peranda jiha ada sidandidi 1842 (Sadindinina et de Fedel 1976) e am di sidani	inneumonogy and state debter - regions - vi- on a transfer debter of the significant projects.
Hearing Officer's Signature:	SIN	16CEY 4	16		
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REVIEW OF INMATE FILE					
Projected release date: PF Number of previous affirmed violations:	ne Beddyn) ywd	al.	4		
Number of previous affirmed violations:	SERIOUS	(Д) MI	NOR (Z)	HISTORY PLANT NEW WORLD	
RECOMMENDED PENALTY		- <u>- J</u>	and the state of t		ann de Wyard han den delik mel nef dan degkapa (et n. 15 manda) mangadan frapasiya melandikan
			EDOM	ТО	
☐ DISCIPLINARY ISOLATION (Maximu ☐ DISCIPLINARY DIET (See Title 15 Section		violation)		TO_	
☐ LOSS OF GOOD TIME (Barned and/or future				OF DAYS	
☐ LOSS OF WORK TIME (Work related viola	•	e taken)		OF DAYS	
PLOSS OF COMMISSARY (Excludes person			FROM Z	/24/19 TO S	3/14/19
☐ LOSS OF TELEPHONE (Excludes legal cal		,	FROM		
☐ LOSS OF RECREATION YARD	,				management and manage
ZDLOSS OF VISITS (Excludes legal visits)			FROM Z	124/19 TO S	3/14/19
☐ REMOVAL FROM WORKER STATU	JS			'	•
☐ RESTRICTION TO CELL/DORMITO	RY		FROM	TO	alentrium immunitaristicus kanasisticus in demonstration and selection a
☐ WORK CONTRACT			NUMBER	OF HOURS	et fellow them we define a mediate combiners the College of School Schoo
U VERBAL COUNSELING - WARNING	G - REPRIMA	ND		man and the same of the same o	
COMMENTS: MAJOR 12.4 T	FAILURE	JO FOLL	ING MO	-E17 KEGUI	LA MORA
					all R. N. — James P. J.
Inmate's Signature: Disciplinary Officer's Signature: LA CL	u E	Parties of the Control of Stages and the same of the Stages of the Stage	7/15/19	Appeal: L	J Yes LI No
•					
Reviewer's (Lt/ASH) Signature: 244	<u> </u>	alle de la cième de la companyament à destinagión e elegações propere entires que ma	D	ate/Time:	i Signa Galagiga e e ere ya ya terinisia e Padri Antaperilian na Vinali Antabilia ya
☐ AFFIRMED					
☐ REDUCED (Reason):		halen ald section Weterstein legitim in a chieve quirya	ny miyanyah yara, middishara saninang girigi yil yayginin (ganakan yaran 1965) d	or presentations of the property of the proper	
[] DISMISSED /Dangon);					
☐ DISMISSED (Reason):					
And the state of t		The Millian is the second of the second supposed by the second supposed supposed by the second supposed			CAPATANIPERSANTANA SALESMEET REPUTS I VITATA ESSA ASSAMANA
DISTRIBUTION: WHITE - Inmate File; CANARY - Classificate		e missent estados atendente de la electronida en el como estado en el como estado en el como estado en el como			J-110 09/25/96



BUTT. COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

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REPORT INFORMATION:							
INFORMATION OFFICER S	AFETY INMATE SAFETY	FACILITY SECURITY	OTHER				
VIOLATION TYPE:	MAJOR SERIOUS	MINOR					
VIOLATION ENTERED INTO OFFENDE	ERTRAK: YES NO						
CASE #:	EVENT #: 1907130018	DISPOSITI	on: JMAOT				
INMATE INFORMATION:							
NAME (Last, First):		HOUSING LOCATION:					
HERNANDEZ, ANTONIO JUAN	BKG #:	BEFORE: A-83	AFTER: A-83				
144141	19001211	PRE-SENTENCED					
VICTIM / WITNESS INFORMATION	DN:						
NAME(S) & HOUSING LOCATIONS:							
INCIDENT INFORMATION:	24.0						
INCIDENT / VIOLATION #:	u		APPROXIMATE TIME:				
Major 12.4. Flagrant failure to fo safety or sanitation regulations.			0055 hrs.				
NARRATIVE:							
		A . ((1175.11 A A A A A A A A A A A A A	, Mr. H.V. 14 MARS				
On the above date and approximate time Inmate Hernandez, Antonio (IID# 144141) began to flood his cell. The entire A-pod dayroom was covered with water. All cells on the bottom tier of A-pod were flooded with water. Each							
inmate on the bottom tier that wanted to clean their cell was allowed to. A-pod was cleaned and mopped.							
Hernandez's water and toilet we offered water.	re shut off to prevent floodir	ng. On every hourly check	in A-pod Hernandez was				
Oncieu water.							
End of Report							
Ramirez J70							
	SINGLEY	46					
OFFICER SIGNATURE	,	BADGE	#				
INMATE SIGNATURE	"I have received a copy		ND TIME				
NAME SIGNATURE		DATE	MD TIME				
RECEIVED BY SUPERVISOR		DATE A	ND TIME				
DECEMED BY DIGGES WAS A STATE OF THE STATE O							
RECEIVED BY DISCIPLINARY OFFICER		DATE A	ND TIME				
HEARING DATE AND TIME		INMATE	NOTIFIED DATE AND TIME				

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		3	HXV
BUTTE COUNTY SHERIFF OFFICE DISCIPLINARY ACTION REPORT	A second	CASE#_ SERIOUS	mag caramani, sapir para Ary et a Missa Mariagar a sauri a de si de sausi anggo a Pri Missa Malika - manjaran araya na panjaran ang manjaran kan manjaran kan manjaran kan manjaran kan manjaran
INMATE NAME: HERNANDEZ (Last)	ANTONIO (First)	INMATE ID#	144141
Date/Time of Incident: 05/08/19 1900 Date/Time Informed of Charges: 05/09/19 05/0 Date/Time of Hearing: 05/09/19 05/0 Inmate	7. Time Waived: ⊠Yes Waives Presence: ☑Yes	☐ No Inmate's Init. ☐ No Inmate's Init.	ials: REF
UFADING		FINDING	1986 (Microfonguae nagampakalanan nakap palapa (Gendenor reteren sana a
Inmate present Inmate advised of charges	Not Responsible		
		ted	
Inmate submit documentary evidence	Responsible - Deterr	nined by Evidence	(SP)
Inmate witnesses present Inmate statement in own behalf or extenuating circum PARTCIPATE	2 Registances: (Attached additional page	s if necessary) REFUS	60 10
Inmate's Signature: 175FUSED Hearing Officer's Signature:	construction of the second of		
REVIEW OF INMATE FILE		endratives to translate to some state of the first of the state of the	anne frant de fil yerdy en persona stalentik somme bled starfers det betæmme gen (a gen
De la companya della companya della companya de la companya della			
Number of previous affirmed violations: SERIOUS	6 MINOR B	MASOR	Andreas and and the second
			Printed the angular against and Michigal and the State of
RECOMMENDED PENALTY			
☐ DISCIPLINARY ISOLATION (Maximum 10 days unless and DISCIPLINARY DIET (See Title 15 - Section 1083g)		TO	
☐ LOSS OF GOOD TIME (Barned and/or future)		R OF DAYS	
☐ LOSS OF WORK TIME (Work related violation - Barned cann		R QF DAYS	
🔁 LOSS OF COMMISSARY (Excludes personal hygiene - Lega	al material) { FROM	5/29/15 TO	5/19
☐ LOSS OF TELEPHONE (Excludes legal calls)	FROM _	TO	
LOSS OF RECREATION YARD	FROM _	TO TO TO	
LOSS OF VISITS (Excludes legal visits) REMOVAL FROM WORKER STATUS	FROM 5	10 10 1	2/5/1
☐ RESTRICTION TO CELL/DORMITORY	EDOM	ТО	
☐ WORK CONTRACT NUMBER OF HOURS			
☐ VERBAL COUNSELING - WARNING - REPRIM	IAND		
COMMENTS: 3 FRIOUS FAIL to Confus		To company to the company of the com	entroleens is the entrolline with childrings of satisficial entroles of satisficial entroles of the satisficial en
Inmate's Signature: Disciplinary Officer's Signature: \[\(\sum_{\ell} \) \]		Appeal: [l Yes □ No
Reviewer's (Lt/ASH) Signature: 244			
□ AFFIRMED		ED OF 18 1111V - marriagness and annual	Calmonia Tanasa migan iyy yilifa aran diddiddi a ar yn rosgregy wer as gelledgyl
☐ REDUCED (Reason):	randestill kariya i maka kikara makama makang dankaka anay ay sacapabangaya sasassas s	- H 1984 Albar y Administration and approximate the confidence of	137 - AUS - (10 ACC + F) (10 - mark)
TORREST AND THE CONTROL OF THE CONTR	restinancion of this 1.5 < Distribution constitution or control the consequency book when the the projective why tiggs is be springly	me bibalim alah kanana Baranggan mga ang kalan manaka kepambalak pang manaka kalana saka asaka asa	erre 15 verantister en hortsteletischen treiter treiter in der
T DISMISSUT (Danson).	tid nijel selmen vilkatyden versen sovrantsela annanstann, valandakka ann er klaver i kerken utvakketytetsskrippapapa	http://docs.com/com/stable/stable/stable/stable/stable/stable/stable/stable/stable/stable/stable/stable/stable	and the second of the second s
□ DISMISSED (Reason):	reproduction and the second	бен бей жең жанасы жан се жан Жайдын комың жардауларының артырга дауын арады арады арады арады.	i er til Stefe i freder første i entere sterre trænster en sette de er ette BCS (Stefe
	о сероможной объемной учественной от		ritär vastäntivirnas mostojotet tistor tietor terisionava assava japana et ja entjess mosta lankusterisiotet verki riskaliska kinasyntys kussospanis kal
DISTRIBUTION: WHITE Inmate File; CANARY Classification; PINK Inmate	le	artika hari melanggigi mejan yang sara sara papada manasar panganya pangangga pandasarpan da yangga pangan pan	J-110 09/25/96

BUTTI COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

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REPORT INFORMATIO	DN:					
	OFFICER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER		
VIOLATION TYPE:	MAJOR	SERIOUS	MINOR			
VIOLATION ENTERED INT	O OFFENDERTRAK: [YES NO				
CASE #:	EVEN	ıт #: 190508-0137	DISPOSITI	on: JSROT		
INMATE INFORMATION	<u>N:</u>					
NAME (Last, First):			HOUSING LOCATION:			
Hernandez, Antonio	BKG#:		BEFORE: A83 STATUS:	AFTER: SAME		
144141	19001211		PRE-SENTENCED			
VICTIM / WITNESS INF	ORMATION:					
NAME(S) & HOUSING LOCATIONS:			The state of the s			
INCIDENT INFORMATION	ON:					
INCIDENT / VIOLATION #:				APPROXIMATE TIME:		
22.2. Failure to coopera		DATE:		1900 hrs.		
beside one's bunk, or s	stand at one's cell	5/8/19				
door as directed by sta	iff.					
On 5/8/19, I, Correctional Deputy C. McNelis was assigned as the Charlie Floor Deputy between the hours of 1900-0700 in full duty uniform.						
At approximately 1900 hours, I entered A-Pod housing unit to conduct a routine safety check and headcount. When I arrived at cell A83, occupied by Inmate Hernandez, Antonio (IID#144141), he refused to get up for headcount, and remained completely covered by his blanket.						
I/M Hernandez is receiving this disciplinary write-up for failing to cooperate with a facility count.						
End of report.						
C. McNelis J58 JSROT 22.2. Failure to cooperate with a facility count. Including refusal to line-up, stand beside one's bunk, or stand at one's cell door as directed by staff. Event #190508-0137						
	ميرود	FUSED LEFT	and unote n	Onle .		
OFFICER SIGNATURE	11	TUSED CEPT	COPY UNDER DO BADGE	#		
	6//3 41	"I have received a copy of this re	•			
INMATE SIGNATURE	. .		DATE A	ND TIME		
RECEIVED BY SUPERVISOR	<u>.</u>		DATE A	ND TIME		
RECEIVED BY DISCIPLINARY	OFFICER	THE PARTIES OF THE PA	DATE A	ND TIME		

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BUTTE COUNTY SHERIF OFFICE	Drov CASE#
DISCIPLINARY ACTION REPORT	SERIOUS MINOR
DISCIPLINANT ACTION WELOW	
INMATENAME: Herner dez, Antonio	INMATE ID# <u>194141</u>
(Last)	(First)
Date/Time of Incident: 4-24-19 0490	
Date/Time Informed of Charges: 4-24-19 1146	Time Waived: M Vas T No Inmetals Initials. BBC
Date/Time of Hearing: 4-24-19 1140 Inmate Wi	pives Dragones, T. Vas. W. No. Increte's Initials, 1867
Date/ 11th Or realing Infliate wa	nives riesence. Li l'es gano inmaie s'inuais: pape
HEARING Yes No	FINDING
Inmate present	Not Responsible
Inmate advised of charges	Responsible - Admitted
Inmate submit documentary evidence	Responsible - Determined by Evidence
Inmate witnesses present	L Wester!
Inmate statement in own behalf or extenuating circumsta	nces: (Attached additional pages if necessary)
- NAME OF THE PROPERTY OF THE	· *** ***
he justed to cooperate	repeatedly stated that he lida & Kara
What I was talking about.	
SERVICE CONTROL CONTRO	
Inmate's Signature: LEP	Mediator-deson (or procession). And Table 1. Proceeding 1997 (1998) (1998)
Hearing Officer's Signature: D. Mell 354	CONTROL STEELING AND
REVIEW OF INMATE FILE	
Projected release date: PF	,
Number of previous affirmed violations: SERIOUS	MINOR B MAJON
THE A SALE WELL ALL ALL ALL ALL ALL ALL ALL ALL ALL	
RECOMMENDED PENALTY	
☐ DISCIPLINARY ISOLATION (Maximum 10 days unless new	
☐ DISCIPLINARY DIET (See Title 15 - Section 1083g)	FROMTO
☐ LOSS OF GOOD TIME (Barned and/or future)	NUMBER OF DAYS
PLOSS OF WORK TIME (Work related violation - Barned cannot be	
EX LOSS OF COMMISSARY (Excludes personal hygiene Legal ma	terial) \rightarrow FROM $\frac{5}{1/2}$ TO $\frac{5}{1/2}$
☐ LOSS OF TELEPHONE (Excludes legal calls)	FROM TO
☐ LOSS OF RECREATION YARD	FROM TO
M LOSS OF VISITS (Excludes legal visits)	FROM $5/1/15$ TO $5/15/15$
ʿ□ REMOVAL FROM WORKER STATUS	
☐ RESTRICTION TO CELL/DORMITORY	FROMTO
☐ WORK CONTRACT	NUMBER OF HOURS
☐ VERBAL COUNSELING - WARNING - REPRIMAN	
COMMENTS: MASOR ASSURET	
Inmate's Signature:	Appeal: 🗆 Yes 🗆 No
Inmate's Signature: Disciplinary Officer's Signature:	inscriminare esto, referencial according to the description of the contraction of the con
Reviewer's (Lt/ASH) Signature: PHL	Nate/Time
,	nemoninary and the second seco
AFFIRMED	
☐ REDUCED (Reason):	
	Victorial designation of the control
□ DISMISSED (Reason):	
	J-110 09/25/96
	J-110 09/23/96

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BUT1 COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

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REPORT INFORMAT	ΓΙΟΝ:			
	OFFICER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER
VIOLATION TYPE		SERIOUS	MINOR	OTHER
VIOLATION ENTERED	INTO OFFENDERTRAK:	YES NO		
CASE #:	EVEN	IT #: 190424-0025	DISPOSITI	on: JMAOT
INMATE INFORMAT	ION·			
NAME (Last, First):	1014.		HOUSING LOCATION:	· · · · · · · · · · · · · · · · · · ·
Hernandez, Antonio	BKG#:		BEFORE: T1	AFTER: Q3
144141	19001211		PRE-SENTENCED	
VICTIM / WITNESS II	NFORMATION:			
NAME(S) & HOUSING LOCATIONS	5:			
INCIDENT INFORMA	TION:			
10.2. Assault and/or inmate).	battery (staff or	DATE: 4/24/19		APPROXIMATE TIME: 0400 hrs.
NARRATIVE:	tional Denuty C. McNeli	e was assigned as th	Male Housing Denu	ty between the hours of
0700-1900 in full duty		3 was assigned as th	ie maie riousing Depu	ty between the nours of
Hernandez, Antonio Hernandez proceede I/M Hernandez alread Sergeant D. Brownfid	(IID#144141) was stand d to spit, striking the ri ly being secured in the	ing on the cell's table ght side of my head, cell, I elected to step Hernandez was subs	e. I advised him to ma and yelled "that's wha out of range of furthe	eupant of the cell, Inmate ake sure he didn't fall. I/M at you get bitch!" Due to er assaults and notified d and placed in Q3. See
I/M Hernandez is rec	eiving this disciplinary	write-up for assault o	on staff.	
End of report.				
C. McNelis J58 JMAOT 10.2. Assault and/or Event #190424-0025	battery (staff or inmate)	ı .		
OFFICER SIGNATURE			BADGE	#
		"I have received a copy of thi	s report."	
INMATE SIGNATURE			DATE A	ND TIME
RECEIVED BY SUPERVISO	DR		DATE A	ND TIME
RECEIVED BY DISCIPLINA	RY OFFICER		DATE A	ND TIME

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HEARING DATE AND TIME

INMATE NOTIFIED DATE AND TIME



BUTTE COUNTY SHERIFF'S OFFICE

INTER-DEPARTMENTAL MEMORANDUM

TO:

J. Agurkis, Correctional Lieutenant

FROM:

D. Brownfield, Correctional Sergeant

SUBJECT:

Use of Force: Hernandez, Antonio IID#144141

DATE:

04-24-19

On 04-24-19 at approximately 0400 hrs Inmate Hernandez spat on Deputy McNelis from inside of T-1.

As a result of that behavior I decided that Hernandez must be in a cell behind glass to prevent staff from continually being gassed. In an effort to resolve this issue prior to going off shift, we began distributing breakfast early. As soon as most inmates were issued breakfast I choreographed housing unit moves to clear out Q3. Once Q3 was empty I was briefing Deputy Ramirez of the possible pending cell extraction of Hernandez while we were in pre-booking. Oroville PD Officer Tennegkeit overheard and explained that he'd like to opportunity to use his partner, K9 Ozzy. I explained that the circumstance did not call for a bite dog to be used on Hernandez, but if he wanted his K9 to have jail experience we'd bring him in as a threat of force to encourage Hernandez to voluntarily be restrained and be removed from the cell. Tennegkeit was happy to assist in any way he could. At approximately 0525 hrs Deputies Darnell, Stockwell, Ramirez, LaRue and Officer Tennegkeit arrived at the T-Section Hallway. I had Stockwell lead with the shield to prevent staff from getting gassed, Darnell followed with the Pepperball launcher and I followed him and attempted to get Hernandez to voluntarily be restrained and exit the cell as K9 Ozzy was with Tennegkeit, frantically barking at Hernandez. Hernandez did not waiver with the K9's presence. As a result I had Darnell fire two inert Pepperball projectiles to Hernandez's abdomen/chest. The projectiles impacted Hernandez's chest and abdomen. It seemed to have some effect, but Hernandez was still standing on the table in his cell and refusing to move. As such I had Darnell fired two more inert projectiles. They impacted the bars directly in front of Hernandez. After Darnell improved his vantage point, he fired two more inert projectiles on my command. Darnell struck Hernandez's shin which made Hernandez turn away. The second projectile impacted Hernandez's lower back. Hernandez then jumped down, grabbed a blanket and covered his body, exposing only his head and face. As such I took the Pepperball launcher from Darnell and gave him my Oleoresin Capsicum (OC) spray. On my command, Darnell sprayed a

½ second burst of OC partially impacting Hernandez's face. It had some positive effect. When Hernandez moved the blanket I told Darnell to spray a longer burst of OC to Hernandez's face. Darnell sprayed an approximately 1 second burst of OC impacting Hernandez's face and head. It had an immediate effect. I ordered Hernandez to lay on his bunk with his hands behind his back. He immediately complied as he began screaming from the OC exposure. We immediately entered the cell. Stockwell placed the shield over Hernandez while Darnell and Ramirez took control of Hernandez's arms. As it appeared that Hernandez was beginning to resist, I entered the cell and controlled his legs. The shield was passed to Deputy LaRue who was just outside of the cell. Once Darnell and Ramirez had Hernandez cuffed, we dragged him from the cell, into the hallway. Once in the hallway we were able to apply a spit mask and place leg restraints on Hernandez.

Hernandez was then escorted to the medical unit where he was evaluated by RN Atkinson. He was cleared for housing and was immediately escorted to Q3 where his restraints and spit mask were removed without incident. I encouraged Hernandez to rinse his face with water. I went back a short time later and he was using he water in the toilet bowl to rinse his face and head.

I went to speak to Inmate Knight, Morgan in T-2 to ensure he did not have OC exposure. He indicated that he was not bothered by the spray and was not directly affected inside of his cell.

A short time later Deputy LaRue took the workers into T-1 and had it thoroughly cleaned. She followed up with Inmate Knight to ensure he was still doing well. He offered not compliant from OC exposure.

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BUTTE COUNTY SHERIFF OFFICE DISCIPLINARY ACTION REPORT	CASE # MINOR
INMATE NAME: Hermondez	Antono INMATE ID # 194141
Date/Time of Incident: 09-53-19 0855 Date/Time Informed of Charges: 04 0619 1744	(First) Time Waived: ⊠Yes □ No Inmate's Initials: KREF
Date/Time of Hearing: 64 lo6 li9 1746 Inmate V	Vaives Presence: □ Yes 🖾 No Inmate's Initials: 🔀 🗲
HEARING Yes No Inmate present	FINDING Not Responsible
Inmate advised of charges	Responsible - Admitted
Inmate submit documentary evidence	Responsible - Determined by Evidence
Inmate witnesses present Inmate statement in own behalf or extenuating circums	to need: (Attached additional proper if necessary)
	tances. (Anached additional pages it necessary)
Inmate's Signature: 227057 Hearing Officer's Signature: 133	
REVIEW OF INMATE FILE	
Projected release date: PF Number of previous affirmed violations: SERIOUS	\$ MAJOR 1
RECOMMENDED PENALTY	
□ DISCIPLINARY ISOLATION (Maximum 10 days unless ne □ DISCIPLINARY DIET (See Title 15 Section 1083g) □ LOSS OF GOOD TIME (Barned and/or future) □ LOSS OF WORK TIME (Work related violation - Barned cannot □ LOSS OF COMMISSARY (Excludes personal hygiene - Legal to LOSS OF TELEPHONE (Excludes legal calls) □ LOSS OF RECREATION YARD □ LOSS OF VISITS (Excludes legal visits) □ REMOVAL FROM WORKER STATUS	FROM
☐ RESTRICTION TO CELL/DORMITORY	FROMTO
□ WORK CONTRACT □ VERBAL COUNSELING - WARNING - REPRIMA	NUMBER OF HOURS
COMMENTS: MAJOR 12.4 FAILURE	TO FOLLOW SAFETY REGULATIONS
Inmate's Signature:	
	Appeal: □ Yes □ No 4 /8/19
Reviewer's (Lt/ASH) Signature: 7444	Date/Time:
☐ AFFIRMED ☐ REDUCED (Reason):	
The second secon	
☐ DISMISSED (Reason):	
DISTRIBUTION: WHITE - Inmate File; CANARY - Classification; PINK - Inmate	J-110 09/25/96



BUTT! COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

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DEPORT INCORMATION.			
REPORT INFORMATION:			
☐ INFORMATION ☐ OFFICER S	SAFETY INMATE SAFETY	FACILITY SECURITY	OTHER
VIOLATION TYPE:	MAJOR SERIOUS	MINOR	WALL TO SERVICE THE SERVICE TH
VIOLATION ENTERED INTO OFFENDI	ERTRAK: X YES NO		
CASE #:	EVENT #: 1904060078	DISPOSITI	on: JMAOT
INMATE INFORMATION:			
NAME (Last, First): HERNANDEZ, ANTONIO JUAN		HOUSING LOCATION:	
IID#:	BKG#:	BEFORE: A-POD STATUS:	AFTER: A-POD
144141	-19001211	PRE-SENTENCED	
VICTIM / WITNESS INFORMATION	DN:		
NAME(S) & HOUSING LOCATIONS: Deputies Davis, Bentley			
INCIDENT INFORMATION:			
INCIDENT / VIOLATION #: 12.4. Flagrant failure to follow sa sanitation regulations.	nfety or 04-05-19		APPROXIMATE TIME: 0855 hrs.
approximately 0855 Charlie Con	00 to 1900 hours, I was working a trol Deputy Davis told me that he v stairs and dump it under the door	watched Inmate Her	nandez. Antonio IID#
End of report			
Deputy Darnell			
J-31			
Event #1904060078			
	-		
OFFICER SIGNATURE		BADGE	#
REP	"I have received a copy of this i	report." 0 4	106/19 1746
INMATE SIGNATURE		DATE A	ND TIME
RECEIVED BY SUPERVISOR		DATE A	ND TIME
RECEIVED BY DISCIPLINARY OFFICER		DATE A	ND TIME
HEARING DATE AND TIME		INMATE	NOTIFIED DATE AND TIME

Principle of the second	and the contract of the contra
BUTTE COUNTY SHERL: (**) OFFICE DISCIPLINARY ACTION REPORT	CASE# GERIOUS _ MINOR
INMATE NAME: Hemander, Anton	(First) INMATE ID # 19414/
Date/Time of Incident: 3-678 @ 02504	V 7
Date/Time Informed of Charges: > FAR OF	Time Waived: □ Yes ☑ No Inmate's Initials: Lefter of Waives Presence: □ Yes ☑ No Inmate's Initials:
HEARING Yes No	FINDING
Inmate present 🗓 🗖	
Inmate advised of charges	, L
Inmate submit documentary evidence \Box \Box	
Inmate witnesses present Inmate statement in own behalf or extenuating circum	IStances: (Attached additional pages if necessary)
Inmate's Signature: 204 Hearing Officer's Signature:	
REVIEW OF INMATE FILE	
Projected release date:	$\langle x \rangle$
Number of previous affirmed violations: SERIOUS	
RECOMMENDED PENALTY	
DISCIPLINARY ISOLATION (Maximum 10 days unless:	new violation) FROMTOTO
☐ DISCIPLINARY DIET (See Title 15 Section 1083g) ☐ LOSS OF GOOD TIME (Earned and/or future)	NUMBER OF DAYS
☐ LOSS OF WORK TIME (Work related violation - Earned cann	
A LOSS OF COMMISSARY (Excludes personal hygiene - Lega	
LOSS OF TELEPHONE (Excludes legal calls)	FROM TO
☐ LOSS OF RECREATION YARD	FROM TO
X LOSS OF VISITS (Excludes legal visits) 3	FROM 3/20/15 TO 4/10/19
☐ REMOVAL FROM WORKER STATUS	and the second s
☐ RESTRICTION TO CELL/DORMITORY	FROMTO
□ WORK CONTRACT	NUMBER OF HOURS
U VERBAL COUNSELING - WARNING - REPRIM COMMENTS: MASIR ABSUALT	IAND
ментен потом пот	
Inmate's Signature:	Appeal: Yes No
Paviawada (T t/A SII) Sianatura	Date/Time:
☐ AFFIRMED	
- Затом террите (намениямия — намениямиямиямиямиямиямиямиямиямиямиямиямиями	
DISTRIBUTION: WHITE - Inmate File; CANARY - Classification; PINK - Inma	aie J-110 09/25/96
	0-110 071m0170

BUTT COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

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REPORT INFORMATION:			
INFORMATION OFFICER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER
VIOLATION TYPE: MAJOR	SERIOUS	MINOR	
VIOLATION ENTERED INTO OFFENDERTRAK:	YES NO		
CASE #: EVE	NT #: 1903070028	DISPOSITION: JN	/IAOT
INMATE INFORMATION:			
NAME (Last, First):		HOUSING LOCATION:	
Hernandez, Antonio		BEFORE: G-POD	AFTER: CHARLIE INTERVIEW ROOM
IID#: BKG#:		STATUS: PRE-SENTENCED	
VICTIM / WITNESS INFORMATION:			
NAME(S) & HOUSING LOCATIONS: Sergeant Behlke, and Deputies Perez, Cast	illon Klotz Walherg Smi	th Dawson and Morela	and
	mon, Motz, walberg, om	tii, Dawsoli, aliu Molela	inu
INCIDENT INFORMATION: INCIDENT / VIOLATION #:			
JMAOT: 10.2. Assault and/or battery (X2)	DATE: 03-6-19	2320	
NARRATIVE: On March 6, 2019 between 1900-07 uniform for the Butte County Jail.	00 hours I was assigned	to work as the Delta Flo	or Deputy in full
On March 7, 2019, at approximately 0250 he altercation taking place in the G-Pod Housi	ours, Delta Control Deput	y Perez advised that the	ere was a 415 physical
Smith, Dawson, Moreland, and I responded	to G-Pod. Upon arrival,	l observed Inmate Stilw	ell, Joseph IID#171098
on the ground in the lower tier restroom ar Inmate Beaver, Clarence IID#174854 on bur	ea of the G-Pod Housing	Unit covered in blood.	l also observed
made spontaneous statements that anothe	r inmate, later identified a	is Inmate Hernandez, Ai	ntonio IID#144141 had
assaulted them. Deputy Klotz and I located Hernandez was breathing hard and had blo	I Inmate Hernandez on th	e ground in the lower tie	er bed area. Inmate
the altercation. Deputy Klotz and I placed r	nechanical restraints (do	uble cuffed) on Inmate I	Hernandez and placed
him in the Charlie Floor Interview Room. Ir injuries.	mates Stilwell and Beave	er received medical treat	tment for their
Through further investigation and review of that Inmate Hernandez had retrieved the broader.	f the video of G-Pod from oom head and assaulted	the time of the altercati both Inmates Stilwell ar	ion, it was determined and Beaver with it.
End of Report			
Deputy E. Yee J76			
Event #1903070028 JMAOT: 10.2. Assault and/or battery (X2)			
OMACT: 10.2. Addate and/or pattery (A2)			
OFFICER SIGNATURE			
OFFICER SIGNATURE		BADGE #	
INMATE SIGNATURE	"I have received a copy of this rep	ort." DATE AND TIN	IE .
RECEIVED BY SUPERVISOR		DATE AND TIME	IE

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RECEIVED BY DISCIPLINARY OFFICER	DATE AND TIME
HEARING DATE AND TIME	INMATE NOTIFIED DATE AND TIME



Butte County Sheriff's Office Jail Division

Inter-Office Memorandum

Date:

03-07-2019

To:

Classification

From:

Jason Behlke, Correctional Sergeant

Subject:

Hernandez, Antonio IID #144141; 2 CD Move, Full Restraints

I am placing Inmate Hernandez, Antonio IID #144141 on 2 CD move, full restraints due to his unpredictable behavior and unprovoked violent assault in the G Pod housing unit. See case #19-01645



BUT F COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

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REPORT INFORMATION:			
	processor of the control of the cont		
INFORMATION OFFICER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER
VIOLATION TYPE: MAJOR	SERIOUS	MINOR	
VIOLATION ENTERED INTO OFFENDERTRAK:	YES NO	1977 ft (
CASE #: EVE	NT #: 0129	DISPOSITIO	ON: JSROT
INMATE INFORMATION:			
NAME (Last, First):		HOUSING LOCATION:	70-90-2-
Hernandez, Antonio	•	BEFORE: M-POD	AFTER: Delta Interview Rm
HD #: BKG #:		STATUS:	IXIII
VICTIM / WITNESS INFORMATION:			
NAME(S) & HOUSING LOCATIONS:			
INCIDENT INFORMATION.			
INCIDENT INFORMATION: INCIDENT / VIOLATION #:			
Serious:			APPROXIMATE TIME: 1305 hrs.
22.14. Disruptive conduct 22.13. Inmates will not manipulate staff,			
attempting to cause or causing any			
disruption of the	DATE: 02/25/19		
facility.	02120110		
22.1. Failure to comply with a Classification Unit order to move to			
another classification			
and/or housing location.			
NARRATIVE: On February 25, 2019 from 0700 to			
approximately 1305 hours, Correctional De new housing classification in M-pod.	puty Lockhart and I wer	e escorting Inmate F	Hernandez, Antonio to his
Once in M-pod Hernandez became agitated	and stated he was not g	going to house in M	-pod and began making a
disturbance within the pod. I asked Hernan answer my question and would only state h	uez wny ne was reiusing ie was not staving in M	g to nouse in M-Pod Pod. Ladvised Hern:	. Hernandez retused to andez that M-Pod was his
proper classification and he was not able to	o refuse his new housing	a location. Hernande	ez stated he would not stav
in M-pod and he would do whatever it took		•	,
Hernandez was then escorted out of M-Pod	due to his disturbance	to the pod and mani	inulation of his housing
classification, and behavior. Hernandez wa	s placed in a Delta Floo	r interview room un	til further notice.
End of report.			
E.bazan J30			
OFFICER CLOUATURE	AND THE RESIDENCE OF THE PARTY		
OFFICER SIGNATURE		BADGE :	#
INMATE SIGNATURE	"I have received a copy of this re	port." DATE AN	ND TIME
		2.1.E AI	



BUT in COUNTY SHERIFF'S INFICE CORRECTIONS DIVISION INCIDENT REPORT

Page 1 of 1

REPORT INFORMAT	ION:			
INFORMATION	OFFICER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER
VIOLATION TYPE:	MAJOR	SERIOUS	MINOR	
VIOLATION ENTERED II	NTO OFFENDERTRAK:	YES NO		
CASE #:	E\	/ENT #: 1903070028	DISPOSITION: J N	NAOT
INMATE INFORMATION	ON:			
NAME (Last, First):			HOUSING LOCATION:	AFTER: CHARLIE
Hernandez, Antonio	BKG #:	***************************************	BEFORE: G-POD	INTERVIEW ROOM
144141	DAG#.		PRE-SENTENCED	
VICTIM / WITNESS IN	FORMATION:			
NAME(S) & HOUSING LOCATIONS:		-4:U 1/1-4 18/U (D	
		stillon, Klotz, walberg, s	Smith, Dawson, and Morela	na
INCIDENT INFORMAT	<u>'ION:</u>			
INCIDENT/VIOLATION #: JMAOT: 10.2. Assault	and/or battery (X2)	DATE: 03-6-19	APPROX 2320	(IMATE TIME: hrs.
NARRATIVE: On March 6, 2	2019 between 1900-0	700 hours I was assign	ed to work as the Delta Flo	
uniform for the Butte	County Jan.			
On March 7, 2019, at a	approximately 0250	hours, Delta Control De	puty Perez advised that the	ere was a 415 physical
Smith, Dawson, More	se in the G-Pod Hous land, and I responde	sing Unit. Sergeant Ber ed to G-Pod. Upon arriv	nike and Deputies Castillon al, I observed Inmate Stilwe	, Klotz, Walberg, ell. Joseph IID#171098
on the ground in the I	ower tier restroom a	rea of the G-Pod Housii	ng Unit covered in blood. I	also observed
Inmate Beaver, Clarer	ice IID#174854 on buatements that anoth	unk 11A holding his nos er inmate, later identifie	e which appeared to be blood as inmate Hernandez, Ar	eeding. Both Inmates
assaulted them. Depi	uty Klotz and I locate	ed Inmate Hernandez on	the ground in the lower tie	er bed area. Inmate
Hernandez was breatly	ing hard and had bl	lood covering his hands	and body indicating that he double cuffed) on Inmate H	e had been a part of
him in the Charlie Flo	or Interview Room.	Inmates Stilwell and Be	aver received medical treat	ment for their
injuries.				
Through further inves	tigation and review	of the video of G-Pod fr	om the time of the altercati	on, it was determined
that Inmate Hernande:	z had retrieved the b	room head and assaulte	ed both Inmates Stilwell an	d Beaver with it.
End of Report				
Deputy E. Yee J76 Event #1903070028				
JMAOT: 10.2. Assault	and/or battery (X2)			
OFFICER SIGNATURE			BADGE#	
		"I have received a copy of this		
INMATE SIGNATURE			DATE AND TIM	E
RECEIVED BY SUPERVISOR	₹		DATE AND TIM	F
	-		DATE AND THE	lea

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

TO:

J. Agurkis, Correctional Lieutenant

FROM:

K. Turner, Correctional Sergeant

SUBJECT: Hernandez, Antonio IID 144141-Interview Room Placement

DATE: February 25, 2019

At approximately 1335 hours Inmate Hernandez, Antonio IID 144141 was being re-housed from A pod to M Pod. When staff walked Hernandez into M Pod, he refused to be housed there. Inmate Hernandez was placed in an Interview Room on Delta Floor pending reclassification. Due to there not being any Administrative Separation available, Hernandez remained in the Interview Room for the duration of the shift. An Interview Room Log was initiated. Hernandez was offered the use of the facilities and water during each post check.

Cc: Jerry Jones, Jail Commander Robert Hadley, Correctional Lieutenant Daryl Hovey, Correctional Lieutenant

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

TO:

J. Agurkis, Correctional Lieutenant

FROM:

D. Mell, Correctional Sergeant

SUBJECT: Temporary Holding: Hernandez, Antonio IID# 144141

DATE: 2-6-19

On February 6, 2019 at approximately 1935 hours inmate Hernandez, Antonio IID# 144141 was placed in a Delta Floor Interview Room after evicting himself from the J-Pod housing unit. At approximately 2000 hours Hernandez was placed on Suicide Prevention Protocol at his request due to anxiety. Due to Hernandez being placed on Suicide Prevention Protocol he was transferred to a Charlie Floor interview room.

Due to lack of available housing in Administrative Separation housing for Suicide Prevention Protocol Hernandez remained in a Charlie Floor interview room the duration of the shift.

BUT F COUNTY SHERIFF'S FFICE CORRECTIONS DIVISION INCIDENT REPORT

Page 1 of 1

REPORT INFORMATION:				
		E Z		
UINFORMATION OFFICE	ER SAFETY	INMATE SAFETY	FACILITY SECURITY	OTHER
VIOLATION TYPE: VIOLATION ENTERED INTO OFFER	MAJOR MAJOR	SERIOUS	MINOR	
CASE #:	***************************************	YES NO		I A COLO
CASE #.	EVE	ENT #: 1902060185	DISPOSITI	on: JMSIN
INMATE INFORMATION:				
NAME (Last, First):	-		HOUSING LOCATION:	AFTER: CHARLIE
Hernandez, Antonio	BKG #:		BEFORE: J/02	INTER. ROOM
144141	Ditto is.		STATUS:	
VICTIM / WITNESS INFORMAT	TION:			
NAME(S) & HOUSING LOCATIONS:	OT MALL DALE	*	17472	
Deputies La Rue, Auldidge, So	JI WIEH, KN F	oster		
INCIDENT INFORMATION:				
Incident / violation #: Informational		DATE: 02/06/29		APPROXIMATE TIME: 1935 hrs.
NARRATIVE: On February 6, 2019, Deputy, in full uniform for the	between the	hours of 1900-0700, I	vas assigned as the I	Delta Floor Correctional
At approximately 1935 hours I emergency intercom button ar safety.	Delta Control ad stated he	advised Inmate Herna needed to roll out of J	ndez, Antonio (IID# 1 Pod Housing unit bed	44141) pressed the cause he feared for his
I escorted Inmate Hernandez to was in Delta Control, advised of	o the Delta In classification	iterview room and star is of the roll up.	ted a log. Correction	al Deputy Auldridge, who
At approximately 1950 hours on needed to be placed on Suicid did not have any specific plan evaluation.	e Prevention	Protocol (SPP), Inmat	e Hernandez stated h	e was having anxiety but
At approximately 1953 hours L	.VN Foster el	ected to place Inmate	Hernandez on Suicide	e Prevention Protocol.
Sergeant Mell conducted a stri The Delta floor interview room	p search of la and started a	nmate Hernandez and a proper log.	provided him with an	SPP garment. I searched
At approximately 2225 hours lr	ımate Hernaı	ndez was placed in Ch	arlie Interview room p	pending reclassification.
End of Report				
E.Enciso J50				
1000				
OFFICER SIGNATURE	· · · · · · · · · · · · · · · · · · ·		BADGE	#
		"I have received a compact that		π
INMATE SIGNATURE		"I have received a copy of this	report."	ND TIME

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Name HERNANDEZ, ANTONIO JUAN

Booking # 19-001211

Facility BUTTE JAIL

Inmate # 144141

Sex MALE

DOB 01/16/1991 Book Dt/Tm 02/06/2019 05:00

Building CHARLIE

Race Black

Age 29

Release Dt/Tm

Pod A POD

Status

In Jail

Classification MAXIMUM

Cell A92

Note Entry

Inmate Note TypeAD SEG REVIEW

Inmate Note MENTAL CONCERNS ON SPP

Created By UserPANNELL, DYLAN

Created Dt/Tm 02/10/2019 17:14

Notes

Inmate Note Type

From Date/Time

To Date/Time

Inmate	Notes
--------	-------

12:23 HA/BE 06/07/2020 RE 12:11 TO 01/19/2020 RE 07:58 01/12/2020 BE 12:41 TO	IO CHANGE. REQUEST TO GO TO POPULATION BUT IAS CONTINUED MENTAL HEALTH CONCERNS. MAY ECOME VIOLENT AROUND OTHER INMATES. SETURNED FROM NAPA STATE HOSPITAL. APPEARS O BE STABLE AT THIS TIME. MENTAL HEALTH CONCERNS AND VIOLENT TENDENCIES IN THE PAST. EF TO TALK/NO CHANGE. EHAVIOR HAS BEEN GOOD. JBCT PROGRAM WISHES O GIVE HIM OPORTUNITY IN POPULATION. HERE ON IOLENT OFFENSE AND VIOLENCE IN CUSTODY.	AD SEG REVIEW AD SEG REVIEW AD SEG REVIEW	CASTILLON, JOSE CASTILLON, JOSE MARTIN, CHRISTOPHER MAXEY, KEVIN
01/19/2020 RE 07:58 01/12/2020 BE 12:41 TO	O BE STABLE AT THIS TIME. MENTAL HEALTH CONCERNS AND VIOLENT TENDENCIES IN THE PAST. EF TO TALK/NO CHANGE. EHAVIOR HAS BEEN GOOD. JBCT PROGRAM WISHES O GIVE HIM OPORTUNITY IN POPULATION. HERE ON	AD SEG REVIEW	MARTIN, CHRISTOPHER
07:58 01/12/2020 BE 12:41 TO VIC	EHAVIOR HAS BEEN GOOD. JBCT PROGRAM WISHES O GIVE HIM OPORTUNITY IN POPULATION. HERE ON		CHRISTOPHER
12:41 TO VIC	O GIVE HIM OPORTUNITY IN POPULATION, HERE ON	AD SEG REVIEW	MAXEY KEVIN
	OINTS AND BEHAVIOR ARE TO MAX.		IN O SEE C) CHE VICE
01/05/2020 17:0 AS	SKED FOR POP AGAIN / BEHAVIOR IMPROVED	AD SEG REVIEW	PANNELL, DYLAN
12/29/2019 14:5 RE	EQ L POD HOUSING AGAIN	AD SEG REVIEW	PANNELL, DYLAN
12/22/2019 OF 17:53	FF 2CD/REQ L=POD	AD SEG REVIEW	MARTIN, CHRISTOPHER
12/15/2019 NO 17:21	O CHANGE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
12/08/2019 STI 16:00	ΓILL 2CD/NO CHANGE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
12/01/2019 2CI 12:30	CD CUFFS/NO CHANGE.	AD SEG REVIEW	MARTIN, CHRISTOPHER
11/24/2019 09:2 NO	CHANGE REMAINS 2 C/O CUFFS.	AD SEG REVIEW	MAXEY, KEVIN
11/10/2019 11:4 NO	O CHANGE	AD SEG REVIEW	MAXEY, KEVIN

	11/03/2019 08:25	REMAINS 2 C/O CUr. 3. CURRENTLY IN JBCT PROGRAM. NO RECENT INCIDENTS.	AD SEG KEVIEW	MAXEY, KEVIN
	10/27/2019 08:55	RECENTLY DOWNGRADED TO 2 C/O CUFFS.IN JBCT PROGRAM. ONGOING MENTAL HEALTH CONCERNS.	AD SEG REVIEW	MAXEY, KEVIN
	10/20/2019 09:	3 2 C/O FULL CURRENTLY IN JBCT.	AD SEG REVIEW	MAYEV KEVIN
	5	1 NO CHANGE.	AD SEG REVIEW	MAXEY, KEVIN
		5 2 C/O FULL. INVOLUNTRAY MEDICATION DAILY.		MAXEY, KEVIN
	1		30 DAY REVIEW	MAXEY, KEVIN
	1	3 YELLED AT ME STATING PROFANITIES 3 NO CHANGE	AD SEG REVIEW	PANNELL, DYLAN
	1	· · · · · · · · · · · · · · · · · · ·	AD SEG REVIEW	PANNELL, DYLAN
		3 NO CHANGE / FILTHY CELL	AD SEG REVIEW	PANNELL, DYLAN
	\$	4 NO CHANGE SERIOUS MENTAL ISSUES	AD SEG REVIEW	PANNELL, DYLAN
		1 NO CHANGE STILL 5150	30 DAY REVIEW	PANNELL, DYLAN
	i	NO CHANGE STILL MENTAL AND VIOLENT	AD SEG REVIEW	PANNELL, DYLAN
	08/19/2019 00:16	2CD/COMBATIVE AND DISRESPECTFUL.	AD SEG REVIEW	MARTIN, CHRISTOPHER
	08/11/2019 07:2	2 C/O MENTAL HEALTH AND VIOLENT.	AD SEG REVIEW	MAXEY, KEVIN
	08/04/2019	SAID, "SHUT THE FUCK UP. I AM SLEEPING	AD SEG REVIEW	
	08:19	MOTHERFUCKER."	AD SEG REVIEW	LARUE, EMILY
	07/28/2019 06:0	ON CLOTHING REVIEW THIS WEEK.	AD SEG REVIEW	LARUE, EMILY
	07/21/2019 07:3	NO CHANGE.	AD SEG REVIEW	LARUE, EMILY
	07/14/2019 08:4	NO CHANGE, NO NEW DARS	AD SEG REVIEW	LARUE, EMILY
	07/07/2019 08:1	NO CHANGE. SAYS HE IS DOING ALRIGHT	AD SEG REVIEW	LARUE, EMILY
	06/30/2019	NO CHANGE. SLEEPING ON HIS MATTRESS ON THE	AD SEG REVIEW	LARUE, EMILY
	09:06	GROUND.	NO OLO NEVIEW	CANOL, LIVILI
	06/23/2019 09:0	NO CHANGE.	AD SEG REVIEW	LARUE, EMILY
	06/16/2019	2CD/MENTAL	AD SEG REVIEW	MARTIN,
	14:19			CHRISTOPHER
	06/10/2019 09:15	STILL 2CD/MENTAL CONCERNS.	AD SEG REVIEW	MARTIN, CHRISTOPHER
	06/02/2019 19:29	STILL 2CD FULL	AD SEG REVIEW	MARTIN, CHRISTOPHER
	05/26/2019 14:24	STILL 2CD FULL	AD SEG REVIEW	MARTIN, CHRISTOPHER
	05/19/2019 15:19	NO CHANGE/MENTAL. UNDER CLOTHING REVEIW.	AD SEG REVIEW	MARTIN, CHRISTOPHER
	05/12/2019 16:15	PLACED ON CLOTHING REVIEW/MENTAL. DID NOT COOPERATE WITH HEADCOUNT,	AD SEG REVIEW	MARTIN, CHRISTOPHER
	05/05/2019 16:21	SHOVING FECES UNDER DOOR. MENTAL/CLOTHING REVIEW.	AD SEG REVIEW	MARTIN, CHRISTOPHER
	04/28/2019 16:40	SPP/2CD FULL.	AD SEG REVIEW	MARTIN, CHRISTOPHER
1	04/21/2019 16:42	MENTAL CONCERNS/MESSY.	AD SEG REVIEW	MARTIN, CHRISTOPHER
١	04/07/2019 07:01	SITTING ON THE FLOOR EATING, CELL WAS A MESS 2 C/O FULL. MENTAL HEALTH CONCERNS, RECENT VIOLENT ATTACK ON OTHER INMATES RESULTING IN HOSPITAL TRANSPORT.	AD SEG REVIEW AD SEG REVIEW	LARUE, EMILY MAXEY, KEVIN
	03/31/2019 07:4	2 C/O FULL. MENTAL AND HYGIENE CONCERNS.	AD SEG REVIEW	MAXEY, KEVIN

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	RECENTLY CLEARED SPP MENTAL CONCERNS ON SPP	AD SEG REVIEW AD SEG REVIEW	PANNELL, DYLAN PANNELL, DYLAN
02/24/2019 08:49	SLEEPING ON BED. NO RECENT DOCUMENTED INCIDENTS. MAY ATTEMPT GENERAL POPULATION HOUSING.	30 DAY REVIEW	MAXEY, KEVIN
03/10/2019 11:39	ASSAULTED 2 INMATES IN GPOD RESULTING IN SERIOUS INJURY AND HOSSPITAL TRANSPOT. MENTAL HEALTH CONCERNS AND 2 C/O.	AD SEG REVIEW	MAXEY, KEVIN
03/17/2019 08:11	2 C/O FULL. RECENT VIOLENT ASSAULT AGAINST 2 INMATES IN GPOD RESULTING IN SERIOUS INJURIES.	AD SEG REVIEW	MAXEY, KEVIN
03/24/2019 08:36	NO TALK/2CD FULL. VIOLENT/UNPREDICATBLE.	AD SEG REVIEW	MARTIN, CHRISTOPHER

CLASSIFICATION HOUSING ASSIGNMENT

NAME	Stilwell	, Joseph 1	LEO	IID#	171098
		7			

DATE	OFFICER	FROM	ТО	COMMENTS
7/4/17	36	8/6	A(1-)	NP .
/		',,'		PMP-ADMITTED TO HOSP.
3/1/19	CV	G17A	WOON	
3/11/19	an	14008	Glit	PAP-HOSP FETURN. NEED WIB DUE TO ENTURED FUEL TO LOCK
	/		7	SENTENCED TO LOCK
9/6/14				
9/10/19			Jens -	
			<u> </u>	
	: 			
	,			

PC WAIVER: YES / NO

INIT	IAL CUSTODY	ASSESSMENT SCALE	
Inmate Name: Stilvell	, Joeph		10# <u>171098</u>
1. Severity of Current Charge:	Charge: <u>269</u>		Score:
2. Serious Offense History:	Charge:	① 2 5 7	Score:
3. Escape History:	Charge:	<u>(1)</u> 3 7	Score:
PC4530(a), 4530(b), 4532(b), WI 871, 1768.7		TOTAL ITEMS 1-3:	_5
4. Disciplinary History:		Three Serious Write-Ups: 1 Four or More Write-Ups: 3	Score:
5. Prior Felony Convictions (Non	a Current)	None: 0 One: 2 Two or More: 4	Score:
6. Alcohol and/or Drug Abuse:		None: 0 One to Five: 1 Six or More: 3	Score:
		TOTAL ITEMS 1-6: Age 26 or Older: (-1) onths Prior to the Arrest: -1 s for 12 Months or More: A	Score:
OVERRIDE: YES REASON:	(No)	TOTAL ITEMS 1-7:	
FINAL CUSTODY RATING:	MINIMUM	MEDIUM	MAXIMUM
DNA IN XJAII GANG LIST UPDATEI	D: YES 190		
HOLDS/ICI			
ENEMIE: PC WAIVER SIGNEI		NAME:	
ALL FORMS SIGNEI	1 1/	<i>∕</i> ₽	
PRIMARY CLASSIFICA	ATION OFFICER:	A 5/4	DATE: 7/15/12
CECOSIDADY OF A COTETO	A TOTAL NEED TO A TOTAL AND A	Von 10	DATE. 7/15/19

Classification Questionnaire
Last Name: 5 HWELL First Name: 505eps Initial: L
Any other name(s) you have been known by:
Any other name(s) you have been known by: Street Address: 726 W. 2nd w City: Che CO State: Cu
How long have you lived at the above address? A few months
Are you right handed or left handed? 134
What is your sexual preference? (Men, Women, Both) Wowe us
What is your religious preference? Chu istach
What is your race or national origin? White
If you are a Foreign National have you contacted a consular or embassy official? ///
If no, would you like one contacted? Time/Date Contacted:
Officer's name and Employee # that made contact:
Do you have facial hair? (Goatee, Mustache, Beard) Goate C
List all of your tattoos if any (what they are/where they are) 1000
- Ave
List any scars you may have no major scars
Do you have any amputations or prosthetics?
Employer's name and address: Self employed (gar Saleman)
How long have you worked for above employer? (Years/Months) 5 Years
How many days a week do you work there?

Where did you go to high school? (School name/City/State) Para List High
Did you graduate from High School? Ve S If no highest grade completed (If yes do not fill out Special Education Questionnaire)
Were you in any special classes in school?
Where did you go to college? College Of the Redwoods
Are you currently enrolled in school? If yes, Where?
How long have you been attending school?
Are you on probation or parole? // o Who is your P.O.?
Did you serve in the US Military or are you a widow/widower of a Veteran
Type of discharge. (Circle One) Honorable/ Other
Would you like to speak with a Veterans Service Representative?
What other county jails have you been in? King (ounty
/ / 1
What state prisons have you been in? Ne ne
What other county jails have you been in? King County What state prisons have you been in? New You Have you ever been in Protective Custody? NO
\
Have you ever been in Protective Custody? \mathcal{D}
Have you ever been in Protective Custody? \(\mathcal{N} \mathcal{O} \) Why were you placed there? (Charges/Enemies/Informant)
Have you ever been in Protective Custody? Why were you placed there? (Charges/Enemies/Informant) Have you ever escaped from custody? If yes, where/when?
Have you ever been in Protective Custody? Why were you placed there? (Charges/Enemies/Informant) Have you ever escaped from custody? If yes, where/when? Have you ever been written up for rule violations? Have you ever been assaulted in custody? Do you have any medical or mental disorders? If yes, what are they? And icty Disorder Panic Attacks
Have you ever been in Protective Custody? Why were you placed there? (Charges/Enemies/Informant) Have you ever escaped from custody? If yes, where/when? Have you ever been written up for rule violations? Have you ever been assaulted in custody? Do you have any medical or mental disorders? If yes, what are they? GENCY 1

Have you ever attempted suicide? If so, when?
Do you feel like killing yourself now?
Do you drink alcohol? Ves How much do you drink in a week?
Do you use street drugs? YES What type of drugs do you use? Marijauna
How do you use it? (Smoke/Snort/Intravenously) Surgle
Who can we contact in case of an emergency? (Name/Address/Phone) My fathe Soeth Charles Stilwell 360-908-3407 or 360-519-36)
Do you have any enemies or anyone you cannot be housed with? ho
Have you ever been a victim of gang violence? If yes, when? Where? Why?
Are you a gang member? MU Have you ever been a gang member? MO
What is the name of your gang?
What do the members of your gang call you?
What city did your gang originate in?
What turf does your gang claim?
Who is your biggest rival gang?
Does your gang have any special color or clothing?
How many men are in your gang? Women?
Classification Officer's Comments:
2
CLASSIFICATION OFFICER: Date: 7-15-19-

Classification Enemy Reconciliation Contract

Inr	mate Name: STILLWELL,	JOSE P14 DE	nte: 7/1/19
Inr	mate Name: KTPK, COO	Da	ate: 7/1/19
live	te to a verbal, physical or other type of e while in the Butte County Jail. This assification staff to list the above ment	decision, whether made by you o	
nec	e are offering you an option where you cessarily eligible for because of your e naining in Administrative Segregation	nemy status. We are offering this	as an alternative to
war bet	our status from this point forward is up nt to live for the remainder of your tin tween the aforementioned inmates and required to sign this agreement to voi	ne here. This contract represents the Butte County Jail Classificat	a binding agreement
	In	nate Statement	
	nderstand that I have a choice as to th unty Jail. I understand and agree to ab		incarcerated at the Butte
J 1041.	I will not be disruptive or fight with	the above mentioned inmate (phy	sically or verbally).
J1_1=q 2.	I understand that by agreeing to reco will be removed from my classificati me with this inmate at their discretio	on enemies list and classification	nmate his or her name may choose to house
J. 2. 3.	I understand that I may be charged c correctional staff if I violate this con	riminally and/or with disobeying tract.	a lawful order from the
JA 4.	I understand that I may be placed in violation of this contract.	Administrative Segregation if I a	m found to be in
5.	I hereby accept full responsibility an thus decision.	d liability if I am injured or other	wise harmed because of
y -1 c -6 .	I have read, understand, and concur	with the above statements.	
Inr	mate Signature:	1 Stiffed aci	Date: 7/1/19 Date: 7/1/19
Off	ficer Signature:		Date:

CORRECTIONS DIVISION

INMATE GRIEVANCE FORM # 19-0523
INMATE'S NAME: STANGE ID# HOUSING: GAL DATE/TIME: HOUSING: GALLED AND DATE/TIME: DATE/TIME: DATE/TIME:
DESCRIBE AND REFERENCE ALLEGED VIOLATION On the Morning of March 7th, 2019 at approx. Sam, inmate Antonio Hermandez was observed wandering arround the dayroom during 'rack status' time when he unscrewed the head of the broom and entered the Sleeping area where he continued slowly moving around the bounks in a crouched position until he came to Clowence Beavers bonk (11a). He then proceeded to bash Mr. Beavers head in while he was asleep. I immediatly jumped from my bonk (17a) to stop him and in the process reciered multiple serious injuries including a Severe laceration to my head from the weapony seven staples) and nevre dumage to half my scalp (it is still numb), as well as a fractored and a morken patelled levee-cap) Which required reconstructive sovgery of the bone and fourteen staple Deportes I spoke with who saw the video, including the fower deporty Said he was viewed wandering around the dayroom well deporty Said he was viewed wandering around the dayroom well before the incident occured. He never should have been allowed the do so and I believe this whole situation could have been allowed the do so and I believe this whole situation could have been allowed had he been notified of his violation of I Rack Status' roles after with the seen and free had been existing in mander if the incident BISOPAM Antonio Hermandee had been existing in the warming of the incident BISOPAM INTERESTRIBETION INTERESTRIP
INMATE'S SIGNATURE: "Charlos to and the morning of the inciden
RECEIVED BY: HOUSING OFFICER'S INITIALS: VI DATE/TIME: 4.7.3 (9 / 1.738) RECEIVED BY: TEAM SERGANT'S INITIALS: IM DATE/TIME: 4-23-19 1800
PROPOSED RESOLUTION:
Admin. Closed see altachod
GRIEVANCE HAS AND BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:
DATE/TIME: LIEUTENANT'S RESPONSE:
GRIEVANCE HAS HAS NOT BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:
DATE/TIME OF HEARING:
JAIL COMMANDER'S RESPONSE:
JAIL COMMANDER'S INITIALS DATE/TIME OF REVIEW:
GRIEVANCE HAS HAS NOT BEEN RESOLVED TO MY SATISFACTION, INMATES'S INITIALS:

DISTRIBUTION: White-Inmate's File, Canary-Classification, Pink-Inmate, Goldenrod-Inmate's Receipt

J-117 7/00

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

GRIEVANCE #: 19-0523

GRIEVANT: Stilwell, Joseph IID# 171098

STEP #1 HEARING OFFICER: D. Mell, Correctional Sergeant

DATE: 4-23-19

Administratively Closed

Mr. Stilwell, it is not against the law to be mentally ill and being mentally ill does not mean that someone is danger to others. There are many mentally ill people that do not display odd or bizarre behavior and you have no awareness to their condition. Being mentally ill does not constitute that someone cannot cohabitate with other people. Just because staff observed someone displaying behavior consistent with having a mental illness it does not constitute that they should have had that individual removed from the housing unit or are in some fashion responsible for their behavior.

Furthermore, there are many inmates who enter and exit the dayroom during night time rack status and they do not pose a threat or cause a disturbance. It would be extremely unnecessary to disrupt and awaken an entire housing unit every time an inmate enters the dayroom during the night as you suggest. As you stated in your grievance Hernandez was "wandering around the dayroom." He was not displaying any behavior that would suggest that he was a threat to anyone until he initiated his assault. As unfortunate as the incident was it was not something that could have been foreseen or expected to occur.

Your grievance has been Administratively Closed because you have failed to articulate a complaint or violation by staff. Instead you have stated a procedure that you "believe" should be carried out by staff.

CLASSIFICATION HOUSING ASSIGNMENT

NAME BEAVER, CLARENCE IID# 174854

DATE	OFFICER	FROM	ТО	COMMENTS	
	DP	BYC	6110	PF. 290 PC	(RAP PAN)
12-13-18	<u>'O'</u>	1210	באוט		
3/25/19					

			·		
C. C					
	· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·		

PC WAIVER: YES / NO

INITIAL CUSTODY ASSESSMENT SCALE

Inmate Name: BEAVER, C	LARENCE)	D# <u>174854</u>
 Severity of Current Charge: Serious Offense History: Escape History: PC4530(a), 4530(b), 4532(b), WI 871, 1768.7 	Charge: 280 Charge: 288 (A	0 () fet pr 0	2) 5 7 2 (5) 7 3 7 TTEMS 1-3:	Score: Z Score: 5 Score: O
4. Disciplinary History:	Thi For	ree Serious Write-U	ps: 1	5. 0
5. Prior Felony Convictions (Non	Current)	Noi Oi Two or Moi	ne: 2	Score:
6. Alcohol and/or Drug Abuse:		Nor One to Fiv Six or Mor	ve: ①	Score:
7. Stability Factors: Employed, R Live	etired, School 6 Montl ed at Same Address fo	Age 26 or Oldens Prior to the Arre	st:/ -1	12
OVERRIDE: YES REASON:	NO PC		TEMS 1-7:	Score: S
FINAL CUSTODY RATING: (Circle)	MINIMUM	MEDIUM		MAXIMUM
DNA IN XJAIL: GANG LIST UPDATED: HOLDS/ICE: ENEMIES: PC WAIVER SIGNED: ALL FORMS SIGNED:	YES NO YES NO YES NO YES NO	AGE	ENCY:	
PRIMARY CLASSIFICATION	7		DA	ATE: 12/3/18 ATE: 12/13/17

174854

Classification Questionnaire

Last Name: BEAVER First Name: Vapence Initial:
Any other name(s) you have been known by:
Street Address: /3000 Bothell-Exercity: Mill Creek State: MA
How long have you lived at the above address? 6 years
Are you right handed or left handed? // 515
What is your sexual preference? (Men, Women, Both) USINEP
What is your religious preference? C //15/Jan
What is your race or national origin? American Indian
If you are a Foreign National have you contacted a consular or embassy official?
If no, would you like one contacted? Time/Date Contacted:
Officer's name and Employee # that made contact:
Do you have facial hair? (Goatee, Mustache, Beard) Beard
List all of your tattoos if any (what they are/where they are) / EFT arm SF yer
Mgh Tarm (oy WITH 5 rd gye open)
List any scars you may have
Do you have any amputations or prosthetics? A/A
Employer's name and address: Gryzzky Pet Products
How long have you worked for above employer? (Years/Months) 5 / 2 years
How many days a week do you work there? Mon Fri

Where did you go to high school? (School name/City/State) JT Casaloble Orangerale Ca
Did you graduate from High School? If no highest grade completed (If yes do not fill out Special Education Questionnaire)
Were you in any special classes in school?
Where did you go to college? SF C179 Co/lege
Are you currently enrolled in school? If yes, Where?
How long have you been attending school?
Are you on probation or parole? Who is your P.O.?
Did you serve in the US Military or are you a widow/widower of a Veteran
Type of discharge. (Circle One) Honorable/ Other
Would you like to speak with a Veterans Service Representative? (If inmate answers yes to both questions above notify Veterans Service Officer.)
What other county jails have you been in Strounty Jail, Sno Louisk
What state prisons have you been in? San Aventin
Have you ever been in Protective Custody? 10
Why were you placed there? (Charges/Enemies/Informant)
Have you ever escaped from custody? If yes, where/when?
Have you ever been written up for rule violations? 10
Have you ever been assaulted in custody?
Do you have any medical or mental disorders? If yes, what are they? 1
Do you have any current injuries? 189 What? Lower LomBar
Do you have private health insurance? YES Name of company? Regerve BlveShipld

Have you ever attempted suicide? If so, when?
Do you feel like killing yourself now?
Do you drink alcohol? How much do you drink in a week?
Do you use street drugs? 10 What type of drugs do you use? 1
How do you use it? (Smoke/Snort/Intravenously) 1/9
Who can we contact in case of an emergency? (Name/Address/Phone) H/4501
Beaver (425-354-9574) Wife
Do you have any enemies or anyone you cannot be housed with?
Have you ever been a victim of gang violence? If yes, when? \mathcal{D} Where?
Are you a gang member? Have you ever been a gang member? 10
What is the name of your gang?
What do the members of your gang call you?
What city did your gang originate in?
What turf does your gang claim?
Who is your biggest rival gang?
Does your gang have any special color or clothing?
How many men are in your gang? /// Women? // M
Classification Officer's Comments:
CLASSIFICATION OFFICER: Date: 19-13-11





GRIEVANCE #:

19-0337

GRIEVANT:

Beaver, Clarence IIF 174854 (G11A)

STEP #1 HEARING OFFICER: K. Turner, Correctional Sergeant

DATE:

March 19, 2019 @ 0930 hours

As it has been explained to you, it is an ongoing investigation and releasing said reports could compromise said investigation. You may obtain portion of the report through discovery with your attorney.

GRIEVANCE DENIED

We have not violated any constitutional right, federal or state law, Title 15 requirement and county or city ordinance. No facility rules or regulations have been violated. No further action will be taken on this grievance. You have exhausted all administrative recourse for your grievance.

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	STTE COUNTY SHERI	FF'S O	
RIME REPORT	CORRECTIONS DI		
and '			
	INMATE GRIEVAN		#19_
INMATE'S NAME: (Last/First) BEAVER,	CLARENCE 174854	OUSING: GIIA	DATE/TIME: 3/18/19 0600
	E ALLEGED VIOLATION	DATE/TIME OF IN	CIDENT:
I De Cla	reing That on 3-	1-19 The 1	isted below
STATE nest C	4 tacts occured	ON The Pou	He County JA!
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TU PUNK 209	3 Was Infact Walki	ng around =	CO THE DAY
Room with -	The Broom END B	of failled	to Actoi
what He was	if Hin Paid C	a abralorn	all Bellavior
I Am Request	ing the Crime Re	Rost from	Which was
Ore Dave & Poll	The Rutto County	Sherrites o	fice, I Am
20 11:02 in C	A Violent Crime, J	- an Rearies	Thet This
	- 0	cha Dadac	+ Prevaved
- XOE XOE MONEY	120 P COV 100 P	116 100	7
By box Repo	THE RESIDENCE OF THE PROPERTY	1900 + COPI	age or
Pro Procks	IS The INVESTIGAT	igh Over	. Z, My Specif
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to The JAIL	Connarder for les	w ea nox	14vsird 39 11
# 19-02 da.=	To Saulted In	my Seel	PORTSS STOPPE STOPPE STANDER (1980) AND STOPPE STOP
INMATE'S SIGNATURE:	0	12 - 11	N 10
RECEIVED BY: HOUSING C	FFICER'S INITIALS: 764	DATE/TIM	=: 3/19/19- 0817
RECEIVED BY: TEAM SER		DATE/TIM	
PROPOSED RESOLUTION:			11111 0180
	Denied-See at	Hached	edd
l –	_		
GRIEVANCE HAS LA HAS N	IOT \square BEEN RESOLVED TO MY SAT	ISFACTION. INMATE	
LIEUTENANT'S RESPONSE			DATE/TIME:
LIEUTENANT S RESPONSE	. .		
GRIEVANCE HAS HAS	NOT \square BEEN RESOLVED TO MY SAT	TISEACTION INMATE	S INITIAL S
OMENDINOL IMO IIII FIMO I	TO I BEEN NEGOLVED TO WIT SAI		S INITIALS: E OF HEARING:
JAIL COMMANDER'S RESP	ONSE:	D/3(L) (11VI	, rie, ((ii))
JAIL COMMANDER'S INITIA	des .	DATE/TIME OF I	REVIEW:
GRIEVANCE HAS LAS			
DISTRIBUTION: White-Inmate's File.	Canary-Classification, Pink-Inmate, Goldenrod-Ir	mate's Receipt	J-1

J-117 7/00

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Grievance #:

19 - 0299

Grievant:

Beaver, Clarence IID# 174854

Date:

March 13, 2019

Step two hearing officer:

Robert Hadley, Correctional Lieutenant

Inmate Beaver,

The Inmate Grievance Form is not the proper method for seeking the request made in your grievance.

The Sheriff's Office has referred this crime to the District Attorney for prosecution.

The Sheriff's Office does not assume responsibility for the actions of every incarcerated person in the Butte County Jail, nor does the Sheriff's Office have the authority to grant or deny monetary damages on behalf of the County of Butte.

Grievance Administratively Closed.

611

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

GRIEVANCE #: 19-0185

GRIEVANT: Beaver, Clarence (174854)

STEP #1 HEARING OFFICER: J. Castillon

DATE: 3/12/19 @ 2300

Mr. Beaver you were unfortunately a victim of an assault by inmate Hernandez. The jail was not responsible for Hernandez's actions as he acted on his own accord. We cannot schedule a hearing within the jail to discuss monetary compensation for your injuries.

The incident in question has been referred to the District Attorney Office for prosecution. As a victim of a crime you can contact the Butte County Victim/Witness Assistance Center and inquire about your rights as a victim and inquire how you can pursue restitution from Hernandez.

Victim-Witness Assistance Center Butte County District Attorney's Office 25 County Center Drive., Suite 218 Oroville, CA 95965

Phone: (530) 538-7340 Fax: (530) 534-8301

Mr. Beaver on the day you were assaulted you were initially assessed by the jails medical unit and you were sent out to Oroville Hospital for further treatment. Your grievance was unclear on whether you are grieving the medical unit for the treatment they provided to you on the day of the incident or whether you are grieving the hospital for the treatment they provided. If you have an issue on the treatment the jail medical staff

provided, you need to resubmit another grievance on how the medical unit did not provide adequate care. You cannot submit a jail grievance, grieving the hospital since it is an entire different entity. You can request your medical records from the jails medical unit by submitting a request form requesting your medical records.

BUTTE COUNTY SHERIFF'S OFFICE INTERDEPARTMENTAL MEMORANDUM

GRIEVANCE #: 19-0185

GRIEVANT: Beaver, Clarence (174854)

STEP #1 HEARING OFFICER: J. Castillon

DATE: 3/12/19 @ 0300

Mr. Beaver your grievance has been received and there will be a slight delay until your grievance could be properly looked into and answered.

TE COUNTY SHERIFF'S OF **CORRECTIONS DIVISION**

INMATE GRIEVANCE FORM #
INMATE'S NAME: ID# HOUSING: 6/1 PATE/TIME: (Last/First) DEQUER, CLARENCE 174854 HOUSING: 6/1 A DATE/TIME: DESCRIBE AND REFERENCE ALLEGED VIOLATION DATE/TIME OF INCIDENT:
DESCRIBE AND REFERENCE ALLEGED VIOLATION DATE/TIME OF INCIDENT:
I Declare on This DAY 3-7-19 The listed Delow State ment of Facts
Occured on Dutte county JAINS Premisiaes Preturen The Hours of
200/300 RD Night IN GROD BUNKILA I WAS AGGRESSIVALLY
ASSOUTED BY INMATE [ANTON'O Hernander] IN BUNK 20B I Was
IN Fact ASSAUTED IN SLEED THE CAMERAS FOOTAGE From G-ROD
DOITH TOWER WILL AFIRM Directly upon Scontal view first Hand
I was struck In Ceft Howd Side of my face my Bones fractured
had Broken hosted to my nedical Documents Here at The JAII
notical well Path Program manager Contractor of The Butter
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HOSPITAL 2767 Olive HUY DROWILL CA 95966. MSPECIFIC
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Monatary Settle mont for Danacres And for Surgery Reconstruction
for ial Surgery I Hove a mobility Imprimul That substanciate
Day 1's activities altroical ornertie walking
Section 3 leaking working section boy of Rethabilitation Act of 1973 INMATE'S SIGNATURE:
PECEIVED BY: HOUSING OFFICE DO INTERIOR A
RECEIVED BY: TEAM SERGANT'S INITIALS: M. DATE/TIME: 3/11/1902 255
PROPOSED RESOLUTION:
SEE ATTREASED.
GRIEVANCE HAS THAS NOT BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS:
DATE/TIME:07 · /3·//G
LIEUTENANT'S RESPONSE:
SER ATTREHED PRESPONSE.
. 1
GRIEVANCE HAS DHAS NOT BEEN RESOLVED TO MY SATISFACTION. INMATES INITIALS: JAIL COMMANDER'S RESPONSE: 3/13/19 0 1/09 DATE/TIME OF HEARING:
JAIL COMMANDER'S RESPONSE:
S. U.Z. S S. MIN, CEDE CHOCK.
JAIL COMMANDER'S INITIALS DATE/TIME OF REVIEWS
DAILTIME OF REVIEW.
GRIEVANCE HAS HAS NOT BEEN RESOLVED TO MY SATISFACTION. INMATES'S INITIALS: DISTRIBUTION: White-Inmate'sFile, Canary-Classification, Pink-Inmate, Goldenrod-Inmate's Receipt J-117.7/00

J-117 7/00

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Butte County

7 Gillick Way

Oroville, California 95965

Phone: (530) 538-7593, Fax: (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name: STILWELL JOSEPH LEO

Inmate No:171098

Gender:MALF

MRN:38237

DOB: 07/07/1974

Booking Date:07/15/2017

Booking No:

17-006660

Enc. No: 083996-H1

Enc. Date: 3/7/2019

Enc. Via: In-Person

Category: Health

Call Type: Manual

Call For: Nurse

Visit: New Encounter

Enc. Type:

<u>Visit</u>

Chief Complaints: 415 Problem Description:

Evaluation: Severity:

Allergy NKA

<u>Vitals</u>

Vital Date: 03/07/2019 03:23 AM

Location: <Left Arm> BP: (Seated) <158 / 98> mmHg Heart Rate: <83 bpm> Respiration: <18 bpm> SpO2: <97 %>

Physical Exam

SKIN CONDITION: Location; right side forehead. laceration approx 8 cm long, and deep enough to see fatty tissue.

MUSCULOSKELETAL- TRAUMA: Range of Motion; decreased deformity to left knee cap.

Diagnosis

Referrals

Inmate Referred at Oroville Hospital by Lawrence Brandie on 3/7/2019

Sign Off Note

Disposition: Close

Created By: Lawrence Brandie Date: 3/7/2019 3:29:36 AM

Notes: complete

Signature

Auto Code signed by Lawrence Brandie on 03/07/2019 03:29

Report generated by: a555 (Date & Time: 05/27/2020 08:33 [UTC -08:00])

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Butte County

7 Gillick Way

Oroville, California 95965

Phone: (530) 538-7593, Fax: (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name: STILWELL JOSEPH LEO

Inmate No:171098

Gender:MALE

MRN:38237

DOB: 07/07/1974

Booking Date:07/15/2017

Booking No: 17-006660

Enc. No: 084257-H1

Enc. Date: 3/11/2019

Enc. Via: In-Person

Category: Health

Call Type: Manual

Call For: Nurse

Visit: New Encounter

Enc. Type:

<u>Visit</u>

Chief Complaints: omc return

Problem Description:

Evaluation:

Severity:

General Notes :-

Created By	Created Date	Notes
Rai Harjot	3/11/2019 11:42:52 AM	omc return seen 10:30 approx, pt. given WC.
		a/o x4, perrla 3mm 3mm, cap refill brisk, CV s1 s2, lungs CTA b/l, +2 ble bue pulses, NAD. vitals stable.
		7 stitches to right side of forehead and 14 stitches left knee.
		omc docs recieved.
Rai Harjot	3/11/2019 11:45:36 AM	on site provider notified, orders to cont d/c medications.
Rai Harjot	3/11/2019 11:54:12 AM	pt. compliant with d/c instructions
	<u> </u>	1

Allergy

NKA

<u>Vitals</u>

Vital Date: 03/11/2019 10:30 AM

Location: <Right Arm> BP: (Seated) <132 / 84> mmHg Temperature: <98.9 °F Forehead> Heart Rate: <94 bpm> Regularity: <Regular>

Respiration: <16 bpm> Type: <Normal> Subjective Pain: <0> SpO2: <99 %> Note: <omc return>

Diagnosis

Medication

Amox/Clav (Augmentin) 875mg/125mg; Sig: Administer 1 TAB by mouth 2 Time(s) per Day: AM, PM for 5 Day

Start Date: 03/11/2019, End Date: 03/16/2019

Ibuprofen (Motrin) 400mg Tablet; Sig: Administer 1 TAB by mouth 3 Time(s) per Day: AM, N, PM for 5 Day

Start Date: 03/11/2019, End Date: 03/16/2019

Sign Off Note

Disposition: Close

Created By: Uniek EMR System Date: 3/12/2019 11:52:30 AM Notes: Auto closed by system.

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Disposition : Authorization Request

Created By : Rai Harjot

Date: 3/11/2019 11:57:25 AM

Notes : **Signature**

Auto Code signed by Rai Harjot on 03/11/2019 11:57

Report generated by : a555 (Date & Time : 05/27/2020 08:34 [UTC -08:00])

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Butte County

7 Gillick Way

Oroville, California 95965

Phone: (530) 538-7593, Fax: (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name:STILWELL JOSEPH LEOInmate No:171098Gender:MALEMRN:38237

DOB: 07/07/1974 **Booking Date:**07/15/2017 **Booking No:** 17-006660

Enc. No: 084362-H1 Enc. Date: 3/12/2019 Enc. Via: In-Person Category: Health

Call Type : Manual Call For : Mid-level Provider Visit : New Encounter

Enc. Type:

<u>Visit</u>

Chief Complaints: hospital return r/t patella fracture

Problem Description:

Evaluation: Severity:

General Notes :-

Created By	Created Date	Notes
Rayome Ryan	3/12/2019 9:57:35 AM	S: Hospital return s/p head laceration, left patella fx repair, left navicular fx. Pt had surgery for patellar repair and has follow up scheduled with ortho. Navicular fx was non displaced. O: General - no acute distress Cardiac - RRR, no murmurs Pulmonary - CTA, no wheezes Skin - 7 staples present in right forehead Extremities - left knee wrapped and braced A: Forehead laceration s/p repair Left patella fx s/p repair Left navicular fx, non displaced P: Staple removal in 1 week F/U ortho

Allergy

NKA

Diagnosis

Followup Plan

FollowUp Appointment is set on 03/18/2019 from 12:00 AM to 12:00 AM for Staple removal to left leg

Original Appointment Details: FollowUp Appointment is set on 03/19/2019 from 12:00 AM to 12:00 AM with PA NP for Staple removal to left leg

Sign Off Note

Disposition : Close

Created By: Rayome Ryan

Date: 3/12/2019 9:58:29 AM

Notes:

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Signature			
)
Auto Code signed	by Rayome Ryan on 03/12/20	19 09:58	

Report generated by: a555 (Date & Time: 05/27/2020 08:34 [UTC -08:00])

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Butte County

7 Gillick Way

Oroville, California 95965

Phone: (530) 538-7593, Fax: (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name: STILWELL JOSEPH LEO

Inmate No:171098

Gender:MALE

MRN:38237

DOB: 07/07/1974

Booking Date:07/15/2017

Booking No:

17-006660

Enc. No: 084799-H1

Enc. Date: 3/18/2019

Enc. Via : In-Person

Category: Health

Call Type: Manual

Call For: Mid-level Provider Visit: Followup

Enc. Type:

Visit

Chief Complaints: Staple removal to left leg

Problem Description:

Evaluation: Severity:

General Notes :-

Created By	Created Date	Notes
Rayome Ryan	3/18/2019 3:56:14 PM	S: F/U left patella surgery. Surgery was 11 days ago. Pt scheduled to have staples removed today. No complaints. O: General - NAD Cardiac - RRR, no murmurs Pulmonary - CTA, no W/R/R Ext - staples present to left anterior knee surgical wound. Well healing, no erythema, no warmth, no swelling, no tenderness, no dehiscence, no drainage. A: Staple removal P: Staples removed without complication

Allergy

NKA

Diagnosis

Sign Off Note

Disposition : Close

Created By: Rayome Ryan

Date: 3/18/2019 3:56:27 PM

Notes :

Signature

Auto Code signed by Rayome Ryan on 03/18/2019 15-56

Report generated by: a555 (Date & Time: 05/27/2020 08:35 [UTC -08:00])

Case 2:20-cv-00279-WBS-DB Document 38-1 Filed 04/04/22 Page 83 of 120



Butte County

7 Gillick Way

Oroville, California 95965

Phone: (530) 538-7593, Fax: (530) 538-7035

ENCOUNTER SUMMARY REPORT

Inmate Name: BEAVER CLARENCE

Inmate No:174854

Gender:MALE

MRN:48222

DOB: 02/25/1971

Booking Date:12/12/2018

Booking No: 18-013124

Enc. No: 084903-H1

Enc. Date: 3/20/2019

Enc. Via: In-Person

Category: Health

Call Type: Sick Call

Call For: Mid-level Provider Visit: New Encounter

Enc. Type:

Visit

Chief Complaints: c/o facial pain and numbness at the temple

Problem Description:

Evaluation:

Severity:

General Notes:-

Created By	Created Date	Notes
Colvin Jed	3/20/2019 7:16:59 PM	S: Left sided facial pain, known fracture. Improved from previous week. concern of numbness
		O: Edema to left side of face (improved from previous week). Sharp and dull sensation intact.
		a/p facial fx, pt has follow up, counseled. Symptoms improved. Continue soft diet

Allergy

NKA

Diagnosis

MS-Non Traumatic: Vague Muscle Pain SP (N-Ald) Onset: 03/20/2019 Assessment: Same

Sign Off Note

Disposition: Close Created By: Colvin Jed

Date: 3/20/2019 7:17:10 PM

Notes:

Signature

Auto Code signed by Colvin Jed on 03/20/2019 19:17

Enc. No: 084233-H1

Enc. Date: 3/13/2019

Enc. Via: In-Person

Category: Health

Call Type: Sick Call

Call For: Mid-level Provider Visit: New Encounter

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Enc. Type:		I manufacture of the second of			
Visit		una de altra desposações de ado este estra proprio de activida de Amerio e trafa de la Strato de Amerio de Col	\$	rangan dia dia menendada di 2017 (dan 1914)	#7##117### 1 Works 14/71###
Chief Complaints: re (ci	quests mech soft diet. urrent diet ended 3/11/19)				
Problem Description:					
Evaluation:					
Severity:					
General Notes:					
Created By	Created Date	Notes		Guilliand animadiantions Course	
Colvin Jed	3/13/2019 6:56:26 PM	opioids. No changes	in vision	ue soft diet and pain medications. Couns	
		O: Diffuse contusion A&Ox4, non-toxic, n		face, subconjuntival hemmorhage presen	ıt,
		a/p Facial fx, soft die	et, nsaids and tylenol		
Allergy					43112-100 photographic (1)-40
NKA					
Diagnosis	- The second sec	The second secon			
Medication	na ang makikan kang dan memanah di kening kilang ing kanah di dan keningkan pengamban menandan penang	\$\rightarrow\rightarro	yan perancan menenda di endri dengi dan pining dengi manana den bilan iki tehisi dependata pini da belangan pe	实现实现。由自由电子中国电话,中国电话中国的中部分 医沙沙加米 医哈拉利氏性氏征 化乙酰甲基 医克森氏征 3 克利尔克特拉尔克特尔克特尔克特拉斯特拉斯特拉特拉斯特拉斯特拉斯特拉斯特拉斯特拉斯特拉斯特拉斯特拉斯特拉斯特拉	Section Service Property
Start Date: 03/14/20	19 , End Date : 03/28/2019		ne(s) per Day : AM, PM for 15 Da 2 Time(s) per Day : AM, PM for 15		
Diet Plan			rannalinia mung dan Birlan, untuk dan berari paning belikari dan birlani Pendalah se Penganyan	900-pi-demokratikan adalek da dari 1900-bil 1900-bil 1900-bil 1900-bil 1900-bil 1900-bil 1900-bil 1900-bil 190	Mark and bridge and
Dental Soft (Mechani	cal Soft) Start Date : 03/14/2	019 Referred By : Colvi	n Jed End Date: 03/25/2019 End	d By:	
Sign Off Note		undermittend and enterted and enterted his his his his file of the file of the file of the file of the enterted in the enterte			
Disposition : Close					
Created By : Colvin Je					
Date: 3/13/201	19 6:58:29 PM				
Notes:					
Signature	gan da				
	Colvin Jed on 03/13/2019 1	8:58			

Enc. No: 084038 Call Type: Manu Enc. Type:		e : 3/7/2019 r : Mid-level Prov	Enc. Via : In-Person rider Visit : Followup	Category : Health	
Visit Chief Complaints: For Problem Description: Evaluation:	ollow Up, hosp return. Facial	fx			

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Severity:

General Notes :-

Created By	Created Date	Notes
Asafa Olusola	3/7/2019 10:13:10 AM	Pt seen for left facial pain. Seen in the ER at Oroville yesterday and was given IBU for pain and to follow up with Dr Landis. Yet to start pain meds.
		PE: Left periorbital swelling/tendemess, EOMI, able to see and count finger held abt 1ft away from the eye, left bulbar conjunctival injection
		Ass: Facial pain Facial bone fracture s/p alleged assault
		Plan: IBU as planned Ice pack F/U with Dr Landis as planned

Allergy

NKA

Diagnosis

Sign Off Note

Disposition : Close

Created By: Asafa Olusola

Date: 3/7/2019 10:13:52 AM

Notes:

Signature

Auto Code signed by Asafa Olusola on 03/07/2019 10:13

Enc. No: 084018-H1 Enc. Date: 3/7/2019 Enc. Via: In-Person Category: Health

Call Type : Manual Call For : Nurse Visit : New Encounter

Enc. Type:

Visit

Chief Complaints: hospital return

Problem Description:

Evaluation:

Severity:

<u>Allergy</u>

NKA

Vitals

Vital Date: 03/07/2019 07:13 AM

Location: <Right Arm> BP: (Seated) <140 / 90> mmHg Heart Rate: <84 bpm> Respiration: <18 bpm> SpO2: <98 %>

Diagnosis

Page 3 of 5

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MS-Non Traumatic: Vague Muscle Pain SP (N-Ald) O.

03/07/2019 Assessment : New

Medication

Ibuprofen (Motrin) 600mg Tablet ; Sig : Administer 1 TAB by mouth 2 Time(s) per Day : AM, PM for 5 Day for pain

Start Date: 03/07/2019, End Date: 03/12/2019

Followup Plan

FollowUp Appointment is set on 03/07/2019 from 12:00 AM to 12:00 AM for Follow Up,hosp return. Facial fx

Diet Plan

Dental Soft (Mechanical Soft) Start Date: 03/07/2019 Referred By: Lawrence Brandie End Date: 03/11/2019 End By: Lawrence Brandie

Instruction

Patient Education: Rest, elevate affected extremity

Patient Education: Return to Clinic in 3 days if problem is not resolved

<u>Privileges</u>

Privilege Name	Referred By	From date		Note
ICE	Lawrence Brandie	3/7/2019	3/8/2019	

Sign Off Note

Disposition : Close

Created By: Uniek EMR System Date: 3/8/2019 7:20:35 AM Notes: Auto closed by system. Disposition: Authorization Request Created By: Lawrence Brandie Date: 3/7/2019 7;20:25 AM

Notes: complete

Signature

Auto Code signed by Lawrence Brandie on 03/07/2019 07:20

Enc. No: 083997-H1

Enc. Date: 3/7/2019

Enc. Via: In-Person

Category : Health

Call Type: Manual

Call For: Nurse

Visit: New Encounter

Enc. Type:

<u>Visit</u>

Chief Complaints: 4-15 Problem Description:

Evaluation: Severity:

General Notes:-

Created Date Notes Created By

Case 2:20-cv-00279-WBS-DB Document 38-1 Filed 04/04/22 Page 87 of 120

Shoemaker Daniela	3/7/2019 3:43:35 AM	Ca. 4-15. IM brought in the Med unit. IM presented a sur about 5 cm long not actively bleeding. Vitals elevated, IM able to ambulate and move all extremities with some difficulty. Unable to open his mouth r/t excruciated pain. Left side of the face presented a visible deformity. RN Lawrence presented decided to sent the IM to the ER via custody transport.
Allergy	And the second s	
NKA		
Vitals	y cy je sa sou verskom na verskama radovenskom kom kom kom kom kom kom kom kom kom	
Vital Date: 03/07/2019	∂ 03:28 AM	
Location : <right arm=""></right>	BP: (Seated) <150 / 90	> mmHg Heart Rate : <90 bpm> Respiration : <22 bpm> SpO2 : <93 %>
Diagnosis	والمرافقة والمرا	
Referrals		
Inmate Referred at Oro	ville Hospital by Lawrence	Brandie on 3/7/2019
Sign Off Note	W-1415	
Disposition : Clase		
Created By : Shoemake	r Daniela	
Date : 3/7/2019 3	:46:18 AM	
Notes :		
Signature		
Mark Mil	on the state of th	
Auto Code signed by Sh	noemaker Daniela on 03/0	07/2019 03:46

Report generated by : BU8069 (Date & Time : 09/16/2019 08:55 [UTC -08:00]) Page 5 of 5 Control of the Contro

[2767 Olive r/Wy] Crovide, CA 95965 Phone: (530) 537-9560

Fax: (530) 532-8434





	TO: Attn:	BUTTE CO JAIL	SEMDER NAME:	BRANDY		•
e estrem to	RECIPIENT FAX:	530.636.7035	SENDER FAX:	530-532-8434	NA DE BERT SE ESTA SE ESTA SE ESTA ESTA ESTA ESTA	· ·
	RECIPIENT PHONE:	530,638,7593	SEMBER PHONE:	530-532-9580	والإنجاز والمساورة والمساو	
	RE	BEAVER,CLARENCE	DATE:	377/2019	stega Law a wang wang way manganishedi wi 14 k sak batay ba mahatan manasa majaka sa bajani nanana	~
	MR#:	495718	PAGES:	5 (including this cov	ersheet)	н
	Ungent	For Review	Please	Comment	Please Reply	
	COMMENTS:	ER PHYSICANS NOTE 3/7/19. FOR COM	O YTIUMITY	CARE	10 mm 1 m	
	The following may contain applicable lav	material is intended only for the use information that is privileged, confide v.	of the indivential, and/o	idual or entity to white or otherwise exempt	th it is addressed, and from disclosure under	
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                                                                                                       MEDICAL RECURD
                                                                                                                              Printed: 03/07/2019 10:15 FAGE 1
Progress Notes
NOTE DATED: 03/07/2019 03:48
LOCAL TITLE: ER PHYSICIAN NOTE
STANDARD TITLE: EMERGENCY MEDICINE NOTE
VISIT: 03/07/2019 03:48 ER-EMERGENCY ROOM
TIME SEER.
     0345
ROOM:
     Sirk
ARRIVAL:
      Private vehicle
                                                                                                          . . .
                                                                                                                                                    and a second second second
STERNY TAN:
      Patient
SCRIBBD BY:
       Adam Yang
CHIEF COMPLAINT:
      Assault
STATORY:
       48 year old male, brought in from jail s/p assault. Fatient was sleeping when
another immate hit him with the end of a broom stick to the left orbital region.
currently with swelling around his left eye with difficulty opening his eye
 secondary to the pain. Denies any vision change, bleeding currently controlled.
He additionally has a headache and left anterior distal leg pain. Denies any
 fever, chills, CP, SOB, N/V/D, or abdominal pain. Pt is ambulatory.
 REVIEW OF SYSTEMS:
       positive for:
              HEENT: Periorbital swelling
              MSK: Extremity pain
negative for:
              General: Fever, Chills
                                                                                                                           . Alt ( ) the state of the contraction of the contr
_ gv: Chest pain, Palpitations
                                                                                                                                                                                                           Lungs: Cough, Shortness of breath
               GI: Nausea, Vomiting, Diarrhea, Abdominal pain
               gu: Dysuria
               MSK: Neck pain
               Skin: Rash
                                     ** TRIS NOTE CONTINUED ON NEXT PAGE **
  BEAVER, CLARENCE
  OROVILLE HOSFITAL
 Medical Record No.: 495718
 DOR:02/25/1971
  PE LOC: OUTPATTENT
  Report Title: ER PHYSICIAN NOTE
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Publiced: 03/07/2019 30:15 PAGE 2
   Progress Notes
    and an one of the first which the control of the co
   03/07/2019 63:48 ** CONTINUED FROM PREVIOUS PAGE **
         All other systems negative
  PAST MEDICAL PROBLEMS:
          Tobacco dependence
  MEDICATIONS:
          Mone
  ALLERGIES:
          No known allergies
                                                                                        and the second of the second o
    SOCIAL HISTORY:
          smokes 1 ppd
           Occasional alcohol
           History of meth use, last used 10 years ago
   VITAL SIGNS:
   03/07/19
    04:27
                   T: 100.4 F (18.8 C) (TYMPANIC)
                    F: 90
                                      20*
                    \mathbb{R}:
                    B/P: 140/86*
                    Pulse Oximetry: 97%
                    Pain: 6
    Marsing assessment and vital signs reviewed.
    PHYSICAL EXAM:
            GENERAL:
                   Mild distress, uncomfortable, appears stated age
  Swelling to left side of facet Tateral to left eye, spreading down to mid-
    cheek. 5mm linear abrasion lateral to left eye, no bleeding. Vision in left
-eye-normal, - Teeth-mentender, remainder of face exam uniconickable,
                    Normal conjunctiva, anicteric
                     PERRLA, BOMI
                    As above
            NECK:
                     Montender, no stepoff or deformity, normal ROM.
                    Traches midline
                                                                                        ** THIS NOTE CONTINUED ON NEXT PAGE **
     BEAVER, CLARENCE
     OROVILLE HOSPITAL
     Medical Record No.: 495718
     DOB: 02/25/1971
     Pt Loc: OUTPATIENT
     Report Title: ER PHYSICIAN NOTE
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MEDICAL RECORD
                                                                                           Printed: 03/07/2019 10:15 PAGE 3
 Progress Notes
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 03/87/2019 03:48 ** CONTINUED FROM PREVIOUS PAGE **
         NO JVD
     LUNGS:
         Clear to auscultation bilaterally, no whocking, rales or rhomohi,
         symmetric expansion.
     CARDIOVASCULAR:
        Regular rate and rhythm, no surmurs, rubs or galleps.
        Non tender, no prepitus or deformity
     ABDOMEN:
         Boft, mondistended, no palpable masses
         Noutender, no guarding or rebound
 - Normal bowel sounds
     EXTREMITIES:
         render hematoma to distal last tibia proximal to the ankle, no other
          craume noted
         Non tenderness, stepoffs or deformity, no CVAT
      PSYCHIATRIC:
         Normal affect and speech patterns, cooperative
      SKIN:
         Clear, dry, intect, no rashes or leaions, no pallor
 RADEOLOGY:
     CT Head:
          Impression:
             1. No evidence of acute intracranial process.
              2. Left orbital and maxillofacial fractures with blood products
              in the sinuses. See dedicated CT maxillofacial for details.
              - Electronically signed by: Morgan Haile, MD on 03/07/2019 04:55:43
      CT Maxillofacial:
          impression:
            1. Nondisplaced left orbital floor fracture and comminuted
lateral wall fracture. Small amount of intraorbital extraconal
             hemorrhage seen laterally. Mild left proptosis without
_____petrobulbar hemotoms __Left periorbital and facial soft Lissue _____
... . swelling and contusion.
              2. Fractures of the anterior and posterior walks of the left
              maxillary sinus and left zygomatic arch as above. Blood products
              in the sinus.
               - Slectropically signed by: Morgan Haile, MD on 03/07/2019 05:00:28
                                                                                              and the state of t
                                             THETT TIBYFIB TAR:
                                            ** THIS NOTE CONTINUED ON NEXT PAGE **
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  BEAVER, CLARENCE
  CROVILLE HOSPITAL
  Medical Record No.: 495718
  DOB:02/25/1971
  Pt. LOC: OUTPATIENT
  Report Title: ER PHYSICIAN NOTE
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Printed, 03/97/3019 33:48 ** CONTINUED FROM PREVIOUS DATE ** Improbation: 3. Mild arthritis. 5. Secrionically signed by: Todd D. Graenberg M.B. CRCS *D OR 03/97/3019 04:28:48 ENTERVENTIONS: Tylenel 978ag PO PROGRESS: Patient seen and evaluated at bedside. Discussed symptoms. Tylenel given with improvement re-check temp-99.0. OBIO- Dr. Landis called, case discussed. Recommends do not blow home, ide pack to gred, see in bis office in 3-5 days. Reviewed imaging and Dr. Landis's recommendations with patient. He understands and agrams to treatment plan. S.T.R.S. not met at this time CLAINICAL IMPRESSION: s/p assault Left orbital floor fracture Comminued lateral orbital wall fracture Anterior and posterior wall of maxillary sinus fractures Left symmeth arch fracture Medically cleared to return to law enforcement PLAN: Release from ED back to jail Strict veture precautions Rest and fluids Follow up with Dr. Landis in 3-5 days CONDITION: CODDITION: CODDITION:		
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LOCAL TITLE: ER DISCHARGE INSTRUCTIONS

STANDARD TITLE: EMERGENCY DEPT DISCHARGE NOTE

DATE OF NOTE: MAR 07, 2019005:24 ENTRY DATE: MAR 07, 2019005:24:16

AUTHOR: CELLUCCI CHWALIK, CY EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Oroville Bospital
Emergency Services Department
2767 Olive Highway
Oroville, CA 95966
(530)533-8500

Patlent Name: CLARENCE BEAVER

This form provides you with initial instructions about your medical care. Please keep this form with you in case you need further care.

You were seen today by: Dr. Cellucci

Your Diagnosis: Assault, left facial fractures, left leg hematoma

Your expected course of illness is: It may take 7-10 days to improve

Instructions: Apply ice pack to left face 20 minutes 3 times daily

Call Dr. Landis as below Do NOT blow through your nose

Soft diet for 4 days

Medications:

None

Follow up Instructions:

Call Dr. Landis for an appointment next week: 530-533-7900.

*Return to the Emergency Department immediately if you develop any new or worsening symptoms, your problems persist longer than advised by your Emergency Department provider, or you have any other concerns.

Instructions given by:

I have received and understand these instructions:

/es/ CYNTHIA CELLUCCI CHWALIK, MD

NFJ 1457491359

Signed: 03/07/2019 05:28









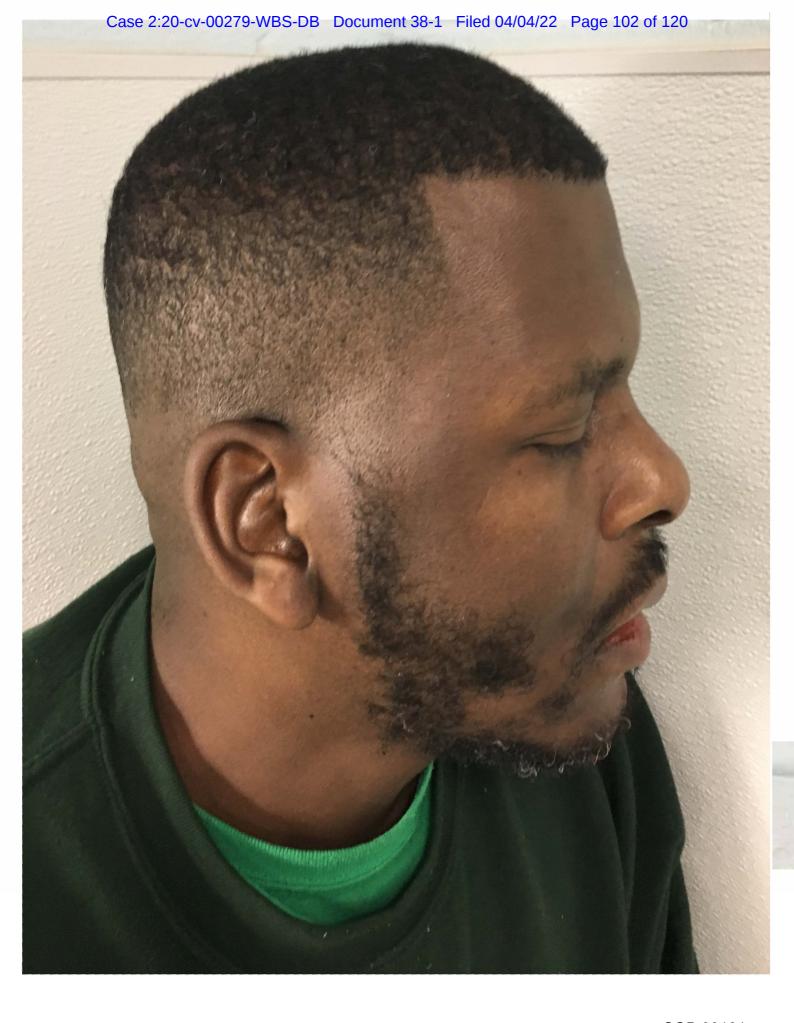




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